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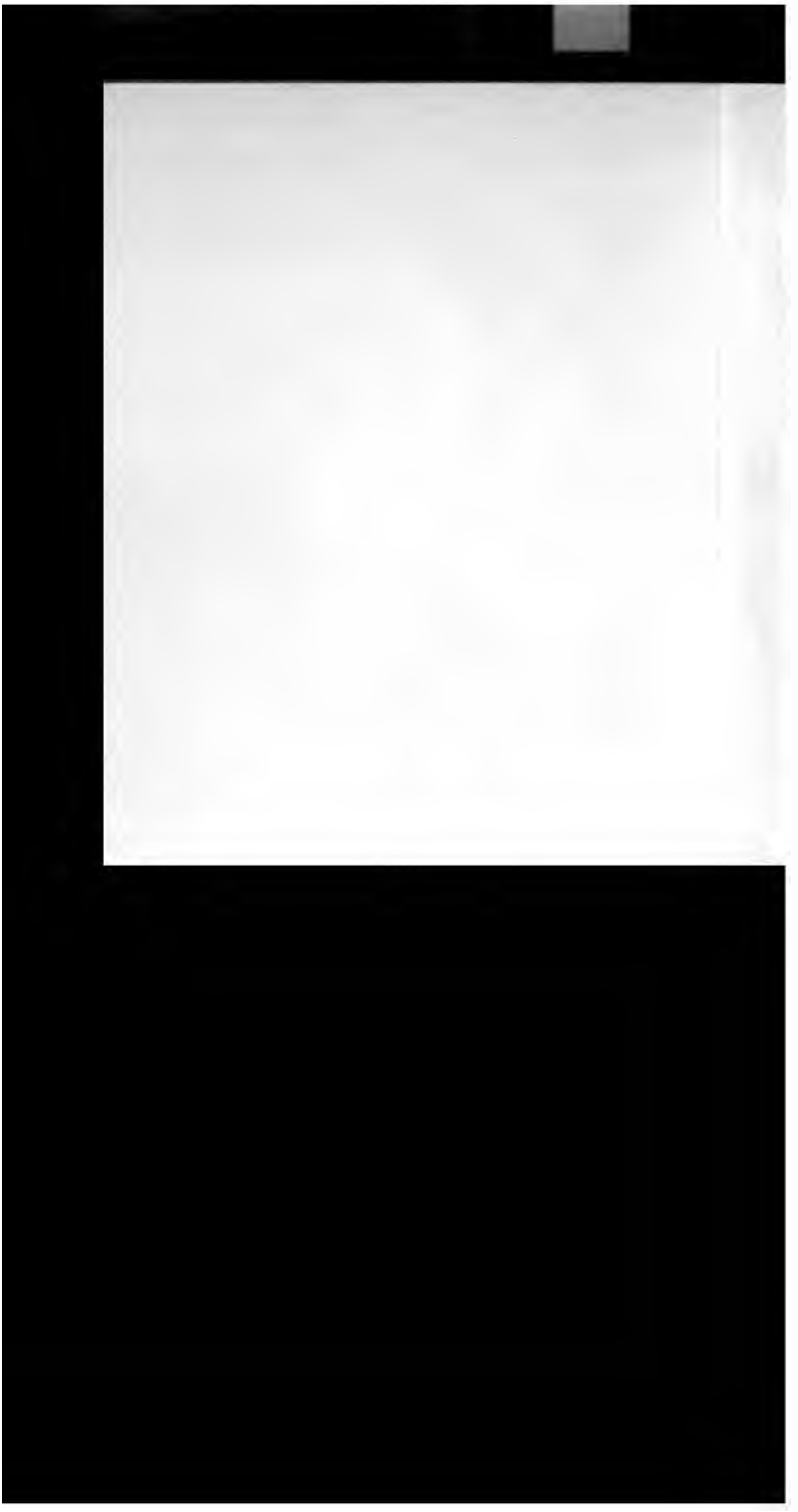

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A History of Nursing

From the Earliest Times to the Present Day
with Special Reference to the Work of
the Past Thirty Years

Wald, S. Mary A.

Edited, and in Part Written, by

Lavinia L. Dock, R. N.

Secretary of the International Council of Nurses, Graduate of
Bellevue Training School, New York City

In Four Volumes
Volume III

With 43 Illustrations

LADY LINDSAY

G. P. Putnam's Sons
New York and London
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1912

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The work of preparing Vols. III and IV has been contributed for the service of e nursing profession, and the amount accruing from the sales is to be utilised for

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Dedicated

TO THE

MEMBERS OF THE NURSING PROFESSION

PREFACE

THE construction of the final volumes of *A History of Nursing* has proceeded on somewhat different lines from those followed in the first and second volumes. The collaboration of Miss Nutting has not been possible in finishing the task, because of the demands of her work as head of the Department of Nursing and Health at Teachers College. She has, however, with unabated interest given help and advice in ways open to her, which we gratefully acknowledge. The editor, therefore, in undertaking an account of the modern nursing movement, has sought and received in abundant measure the assistance of nurses in all those countries here dealt with. That it has been possible to do this so easily and directly as was the case, to meet with instant and ready response and unfailing co-operation, is one of the fine fruits of international friendship and comradery grown from the International Council of Nurses conceived and founded in London, in 1899, by Mrs. Bedford Fenwick, whose fertile genius for organisation has been felt as a potent stimulus among nurses of almost every country of the world where modern skilled nursing has come into being.

The editor herself has undertaken the preparation of several of the chapters, with the subject matter of

which she felt most familiar, while others have been partly or entirely prepared, by individuals or by groups, in the countries from which they come. Those arranged by the editor have been sent to the countries they concern, to be read and criticised by nurses prominent in the modern movements there, and, with those prepared abroad, the editor in turn has added to or taken from, according to her best judgment, or has reshaped in order to fit the general plan. Not willingly has she entirely rewritten any parts of collaborative material, but this has had to be done sometimes, because of the necessity of shortening down to the alloted number of pages. For this reason, too, many details of interest and importance to their several countries have had to be cut out, and the editor wishes here to express to her collaborators her regret at this necessity, and to offer to the general reader the explanation that the various collaborators are not to be charged with omissions or imperfections discoverable by criticism.

In general, the plan followed in the selection of material has been to give as much fulness as possible to beginnings, and to those aspects of our subject which cannot easily be read of elsewhere. There are important aspects of modern nursing which may seem to have been slighted here, such as visiting nursing and tuberculosis work, but they have histories or records of their own. Again, many problems of great professional importance, such as private nursing with its attendant evil of commercial agencies and its hopeful outlook through central, professionally controlled clubs and directories; institutional work and its status, and, even more

serious, the vast influx of young girls, of faulty rearing and imperfect education, into nursing, with the consequent dilution of standards,—many such problems have been left untreated, not because their importance has been overlooked, but for want of space to do them justice. Such problems are always with us, and in our professional press we have a forum for their discussion. The advance in self-governing organisation, on the other hand, with its plea for state registration, may be thought to have an undue share of space, but this movement is new and of great significance, resulting from the incessant efforts of women who have had no time to write down the history they have made and are busy making.

The editor assumes full responsibility for the interpretation or colour of the narrative and for personal touches. As to the former, however, she believes that her point of view coincides with that generally held by the groups of leaders or "progressives" in the various countries.

It had been intended to add a complete bibliography, but space forbids, and only a partial list of references has been selected.

Those to whom thanks are due for labours of collecting, preparing, or revising material are, first, the officers of the national groups and Mrs. Bedford Fenwick, Honorary President, International Council of Nurses; Miss Margaret Breay, Councillor and Treasurer, International Council of Nurses; Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute for Nurses; Miss Gill, Lady Superintendent, Edinburgh Royal Infirmary;

Preface

Committee of Irish Matrons; A Committee of
edish Nurses; The Danish Nurses' Association;
oness Sophie Mannerheim, Lady Superintendent,
gical Hospital, Helsingfors, Finland; Mrs. M.
ise Lyman, Ottawa, Canada; Miss Alice R.
cdonald, Sister, Melbourne Hospital, Australia;
s Ellen J. Gould, Matron, Private Hospital,
tralia; Miss Hester Maclean, Assistant Inspector
Hospitals and Deputy Registrar of Nurses under
government of New Zealand; Miss Mabel McCal-
nt, late Chief Division of Hospital Construction
Equipment, Bureau of Health, Philippine Is-
ds; and Miss M. Eugenie Hibbard, Department
Health, Havana, Cuba.

special contributor to the Irish material was
Kirkpatrick of Dublin, who placed his own his-
cal studies at our disposal, while Father Rushe,

records and correspondence relating to the inception of registration in New York State.

The editor hopes that her work may stimulate others to fill in the general outline here presented, by writing the history of nursing in individual countries, for then it will be possible to place on record many valuable and interesting details which cannot be included in our limited pages, but which have professional and human importance and deserve to be known by our successors.

LAVINIA L. DOCK, R. N.

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A History of Nursing

A HISTORY OF NURSING

CHAPTER I

THE STORY OF THE NURSES OF GREAT BRITAIN AND IRELAND

Collaborators: MRS. BEDFORD FENWICK, MISS MARGARET BREAY, MISS AMY HUGHES; MISS GILL; A COMMITTEE OF IRISH MATRONS

England.—Miss Nightingale's demonstration of the possibilities of nursing, followed by the success of her co-workers and disciples, drew widespread attention to its possibilities as an opening for woman's work, not as a career in the ordinary sense, for of material advantage it had none to offer, but as affording an opportunity for the relief of suffering and the service of humanity. This appealed very strongly to a group of earnest women of culture, refinement, and organising genius, who, from 1870 onwards, carried on pioneer labours of the most intensive type. We have mentioned Mrs. Wardroper and Mrs. Dacre Craven[1] and may now only allude briefly to the important upbuilding work of Miss Swift, at the London Hospital, where she was succeeded by Miss Eva

[1] Vol. II., Chap. vi.

Lückes; Miss Thorold at the Middlesex, Miss Merryweather at the Westminster, Miss Catherine J. Wood at the Hospital for Sick Children in Great Ormond Street, Miss Burt at Guy's, Miss Caroline Lloyd at St. John's House, and Sister Amy, of the St. John's House Sisterhood, at King's College Hospital. Some others of the early reformers we shall presently meet more closely.

For none of the pioneers were the conditions under which they worked easy; for some they were exceptionally strenuous. Miss Burt found the reform of nursing at Guy's a work of extraordinary difficulty. In spite of its urgent need, she received no encouragement from the medical staff of the hospital, with the exception of the late Sir William Gull, who, to his honour be it recorded, was alone in giving that support which should have been freely extended by the

prevailing conditions was the result of personality. Of necessity they were forceful and self-reliant, or they would not have ventured into such unknown territory, or desired to adopt a calling so widely regarded as one suited only for women drawn from the lower domestic classes. This was the force which reformed nursing, and by which, in a few years, standards of care for the sick were evolved such as no amount of theoretical instruction alone could have produced.

To have a clear idea of our subject, we must now glance at the provision of the United Kingdom for the relief of sickness, and note its dual basis. At the time of writing, Great Britain has general and special hospitals and general infirmaries supported by voluntary contributions, and Poor Law infirmaries and hospitals for infectious diseases maintained out of the rates (taxes), both of which receive patients of much the same social class; indeed the latter might be regarded as municipal hospitals and be freely used by the public, if the law making a pauper of the sick person who enters a Poor Law infirmary for treatment were repealed. The weakness of the Poor Law is that it aims not at the prevention of destitution, but at its relief, and so has the effect of creating it, for to be entitled to relief it is necessary to prove destitution. The voluntary aid system grew up by its side after the dissolution of the monasteries, when the kind, unscientific care of the religious orders was replaced by the harsh austerities of the Poor Law. The first statute in connection with the Poor Law was passed in 1601, in the reign of Queen Elizabeth, and provision was made for the relief of aged and impotent poor people, coupled with *cruel punishments* for beg-

gars, which show the spirit of the times. The office of Overseer, then established and still, in 1911, in existence, has never been popular, and, at one time (1783), justly fell into disrepute because of the misapplication of money raised for the relief of the poor.

In 1834 an attempt was made to remedy the evils arising from maladministration of the workhouses by passing the Poor Law Officers' Superannuation Act, which was based on the principle that no one should be suffered to perish through the want of what was necessary for sustaining life. Under this Act, Poor Law Commissioners were created for England and Wales, who sit as a body and have the right to appoint other officers. The administration of relief was placed under their control. England and Wales were divided into twenty-one districts, to each of which an assistant commissioner was ap-

provincial and Scotch and Irish institutions, an infirmary entirely distinct from the workhouse is, and always should be, provided. In these the nursing of the sick, under the direction of well-trained Matrons, approximates to that of a good general hospital with a training school. It is, indeed, the advent of the well-trained nurse of the better class into these infirmaries which has relegated to the past the iniquitous conditions, so ably portrayed by Charles Dickens, in the workhouse wards of his day, and has made them havens of rest, where the sick poor receive every care and attention. What one Poor Law can do, then, others can do, and it is to be hoped that the sick wards connected with workhouses will, in the near future, be abolished, and the sick be gathered together in municipal hospitals.

It is not surprising that the prevailing conditions under the Poor Laws—the unnecessary harshness with which they were administered, and the lack of provision for the sick—led to the foundation by philanthropists, who had the welfare of the sick at heart, of the voluntary hospitals, of which the country is justly proud, and which have done a great work for the sick poor. If, with the principle of voluntary charity, their day is passing, it is not because they have not served their day and generation well, but because of social evolution. The improvement of the Poor Law service, and the high standard of efficiency to which the best infirmaries and their nursing service have attained, point to the day when the burden of hospital maintenance will be distributed between all members of the community, instead of being borne by the philanthropic few, and that day is brought consider-

ably nearer by the democratic legislation which is speedily being enacted in the United Kingdom.

Again, the apportionment of cases between the voluntary hospitals and the Poor Law infirmaries depends not mainly on the social or financial position of the patient, but upon the needs of medical education. Thus, one patient who presents himself for treatment at a hospital may be admitted at once to the wards, because the disease or accident from which he is suffering is one which lends itself to clinical instruction. Another, equally in need of treatment, but of less scientific interest, may be passed on to the Poor Law infirmary. The voluntary hospitals with medical schools attached are bound to make a selection from the numberless patients who present themselves, and naturally select those who afford the best clinical material. The efficiency of medical and nursing education is of the greatest moment to the community, but when once the stigma of pauperism has been removed, as it ought to be, from the Poor Law infirmaries, they will inevitably develop into municipal hospitals, and it will be recognised that the municipalities must make, in each locality, sufficient residential hospital provision for its needs, where a high standard of medical and nursing care is provided, and which, as payment may be made according to the means of the patient, can be freely used by all sections of the community. Such hospitals, with the requisite classification of the sick, should become the medical and nursing schools of the future, for the efficiency of which the community, and not private benevolence, will be responsible. As a natural consequence the hospitals will be subject

to public control, while in the case of the voluntary hospitals the committees are responsible to no outside authority.

It has been pointed out in an earlier chapter [1] that the work of reform in the Poor Law infirmaries advanced more slowly than in the hospitals under voluntary management, because the difficulties were so much greater. Miss Twining's book, *Workhouses and Pauperism*, which should be studied by all who wish to be conversant with the history and development of Poor Law nursing, quotes a description of the terrible conditions in the Strand Workhouse in 1855, and one may gain a vivid impression of what has been done, by comparing that description with the present-day sanitary, well-ordered wards of the Central London Sick Asylums, which now make provision for the Strand Union patients. Here, under the supervision of experienced Matrons and Sisters, nurses and probationers in spotless uniforms give intelligent and sympathetic attention by day and night, to the sick; a three years' standard of training and examination for probationers is enforced, and the certificated nurses have organised their own professional leagues and have affiliated with the National Council of Nurses, through which they are brought into contact with the nurses of the world. This is only an example of what is taking place in many other Poor Law infirmaries throughout London and the provinces. When we realise the progress which has been made in the last fifty years there can be no question as to evolution in the future.

The department above the Boards of Guardians

[1] Vol. II., Chap. vi.

is the Local Government Board, whose approval and sanction are necessary for the appointment and dismissal of the higher officials, including Matrons of infirmaries and Superintendents of nurses.

On September 29, 1897, there came into force in England and Wales the order known as "The Nursing in Workhouses Order 1897," promulgated by the Local Government Board. The order, which did not apply to any infirmary or nursing school under an administration separate from the workhouse, was the first order affecting nursing that had been issued for over fifty years, at which time nursing, as now understood, was non-existent. Its importance lay in the fact that it definitely abolished nursing by paupers, directed the appointment of a Superintendent Nurse whenever the staff of female nurses in a workhouse consists of three or more persons, and specified that any Superintendent Nurse appointed after the commencement of the order should have received three years' training in the wards of a hospital or infirmary. In regard to nurses and assistant nurses, they must have had "such practical experience in nursing as may render him or her a fit and proper person to hold such office." The somewhat vague character of this definition gave rise to the proposition that a nurse with one year's training should be recognised by the Local Government Board as a "Qualified Nurse," a proposition which aroused such wide-spread protest that it was allowed to drop.

In 1899, the "Asylum Officers' Superannuation Act" became law, conferring the right to pension at the age of fifty-five, when twenty years of service

had been completed. A similar bill, introduced in 1910 and referred to a Select Committee, proposed giving the (obligatory and contributory) pension after twenty-five years' service, irrespective of age. The Committee held that the change should be made, so far as women are concerned. It also considered the hours of attendants and nurses in asylums; held them to be excessive, and opined that seventy hours a week would be enough for day, and sixty for night staffs. Up to 1912, no further action on these points had been taken.

A long step forward was taken in January, 1910, when the President of the Local Government Board appointed three fully-trained and experienced nurses to act as inspectors in England of maternity wards, nurseries, infirmaries, and the nursing arrangements in Poor Law institutions. Miss Ina Stansfeld, who had previously acted as Assistant General Inspector in London and the Metropolitan District, was appointed chief woman inspector, the others being responsible to her. The appointment of an inspector for Wales quickly followed, and it is hoped that the effect of these appointments will be to raise the standard of nursing in Poor Law infirmaries, and consequently the comfort of the sick both in these infirmaries and in workhouse wards, which, so far, in many instances, have not kept touch with modern progress.

NURSING EDUCATION

The progress of nursing education, on efficient lines, has been retarded by the fact that training schools are not controlled by educationalists, but

by the Committees of Management of the hospitals, who are primarily appointed or elected for their ability to give, or obtain, and administer, the funds necessary for the maintenance of the hospital. The average member of a hospital committee has not the special knowledge enabling him to deal efficiently with nursing education. Even the Council of the Nightingale Fund at St. Thomas's is composed entirely of men—no trained nurse has a seat upon it—and the same applies to other hospitals having so-called nursing committees. The reason why the professional education of trained nurses has been, and continues to be, defective, is because the philanthropists and financiers who control the voluntary hospitals have, with very few exceptions, determinedly excluded the educational and professional element.

In regard to the medical schools connected with hospitals, this difficulty is non-existent. Medical education is controlled by the General Medical Council, a body composed entirely of registered medical practitioners, and the education of students in the medical schools is organised under the direct control of the Dean of the school, and a Medical Board, in conformity with the requirements of the above Council. The hospital has no voice in the organisation of its curriculum, although the medical school is so essential to its efficiency and even its existence that many committees spend large sums of money on college buildings, pathological blocks, and other departments in order to attract students to the hospital. If the nursing schools connected with hospitals were similarly organised by a Council of

Trained Nurses, whose primary duty was the efficiency of the school and its pupils, Matrons would not have to plead long before obtaining necessary instruction and facilities for the nursing staff, and adequate homes for them to live in; nor would the nurses, through their professional societies, have to arrange and pay for lectures on such subjects as elementary bacteriology, in order to obtain knowledge without which, at the present day, they cannot properly perform their duties, because hospital committees have failed to supply this instruction. The presence of a body within the hospital which would intelligently direct the studies of the pupils, and of an outside professional controlling authority, would have the same stimulating and wholesome effect upon nursing education as has resulted from the professional organisation of medical education. While, therefore, in connection with the voluntary hospitals, the work of organising thorough, systematic education for nurses has, in some instances, reached a high level of practical efficiency, its completeness has undoubtedly been retarded for the above reasons; and in institutions which do not possess the necessary facilities for training, and which in establishing a training school are chiefly interested in obtaining cheap labour for the nursing of their patients, the certificated pupils are very indifferently equipped for their future work. Especially now that there is greater classification of patients, and many cases formerly admitted to general are now sent to special hospitals, the need of some plan of affiliation for training purposes is becoming increasingly urgent.

In regard to preliminary nursing education only

a few hospitals have organised courses, although wherever this has been undertaken, the benefit of the course is manifest. In London such courses have been established at the London, Guy's, and St. Thomas's; in the provinces, at the Leicester Infirmary, and the Royal Infirmary, Bristol; in Scotland, at the Royal Infirmary, Glasgow, and in Ireland, through the Metropolitan Technical Training School for Nurses, in Dublin. There is a difficulty also, in any but the largest hospitals, of forming classes sufficiently large to warrant the appointment of special teachers, and, in the future, it is probable that such preliminary training will have to be centralised before it can be organised on a comprehensive plan. Nor, at the time we write, are facilities yet afforded to nurses for post-graduate courses, so that they may return to hospital for a time and become acquainted with the newest treatment and methods. This again needs the stimulus which a central supervising authority would supply.

Nursing standards have developed and extended to meet the requirements of medical science. When Miss Nightingale first laid down those laws which must always be fundamental, a year's practical and technical training was the period defined, but a further term of service was exacted, so that although the term of actual training may have been short, further practical experience was considered necessary. Two points must also be borne in mind in connection with this period: first, that the demands made upon trained nurses were neither so exacting nor so extensive as at the present time; secondly, that the Nightingale probationers were specially selected

women, of a higher educational status than the ordinary nurses, and the curriculum prescribed for them was arranged wholly with the object of preparing them for positions of responsibility in institutions.

A temporary feature was the "lady pupil" who had special privileges. That system has now fallen into almost complete disuse, and in every hospital of standing (except the London) a three-years' certificate is essential (1912) for promotion to the higher posts.

As illustrative of a preliminary nursing school, a three-years' course, and a paying probationers' course we may follow in brief outline the regulations of Guy's hospital training. The preliminary course of six weeks must be satisfactorily passed by all probationers, though they may at the discretion of the Matron be dropped at any time. The probationer pays six guineas for this training, a due proportion of the fee being returned to her if she is not retained, but no special certificate is given for it. The course comprises tuition and practical work in elementary anatomy, physiology, hygiene, dispensing, bandaging, the making of dressings, use of instruments, bed-making, housework, sick-room cookery, etc. For the regular three-years' course the probationer must be between twenty-three and thirty-two years of age and of good physique. Her training is in medical and surgical nursing and she must pass a ward probation of not more than three months. She is paid a yearly allowance and is supplied with a certain amount of indoor uniform, full outdoor uniform, and laundry. During the first year she attends classes conducted by the Sisters, and lectures given by the

staff on nursing, and on medicine and surgery as applied to nursing. In the second year come classes for instruction in pharmacy and dispensing, given by the hospital pharmacist, and examinations follow in nursing, medicine, surgery, and dispensing. Failure to pass in any one subject will cause her to be dropped, unless, by special permission of the Matron (presumably for practical efficiency), she is reinstated.

The one-year paying probationer may be between the ages of twenty-three and forty, and is trained in medical and surgical nursing. She attends all classes and lectures, paying a special fee for this, besides the fee for board and lodging. She is not placed on night duty, and has special quarters. While she must agree to remain for the full year, the Matron may terminate her course at any time with the sanction of the Treasurer and Superintendent, if she is not adapted for training.

After training is complete, the hospital offers permanent positions to staff nurses as well as Sisters. Salaries are paid, and the hospital takes out a pension for each nurse in the Royal National Pension Fund, while she herself takes a similar but smaller policy. At fifty the Sister or nurse retires, unless by a special resolution of the Governors she is retained for not more than five years' longer active period of service. Many three-years' pupils at Guy's also gain, during their course, the certificate of the Central Midwives' Board, or of the Incorporated Society of Trained Masseuses. Although there is no post-graduate course, yet facilities are informally granted, on application to the Matron by those holding the hospital certificate, for returning for a few weeks to study up

on new methods. A course of three months' instruction in administrative work has also been developed, not limited to Guy's nurses alone. Candidates are eligible if trained for three years in a general hospital of not less than two hundred beds, and after having experience as Ward Sister. They are accepted on the judgment of the Matron, and pay a fee for their course, which comprises: hospital and nurses' home housekeeping; management of kitchen and stores; ordering and receiving milk, meat, etc., from tradesmen; management of servants and their work; cooking and serving of diets to patients and staff; laundry work; management of linen stores, including stock-taking; book-keeping, and the management of the Matron's Office, including the engagement of servants and the acceptance of probationers.

When a nurse has gained her certificate, her contract with her training school usually ceases, and she is free to take up whatever work is most congenial to her, though some hospitals still exact a fourth year of ward service, in return, it is alleged, for the training given, the fact being overlooked that, if pupils in training were not utilised to do a great deal of ward work, greatly increased expense would be incurred for domestic service.

The fully-trained nurse has no means of registering her newly-gained qualifications, nor is there any professional body to which she can look for guidance, advice, or control. She joins the chaotic ranks of the trained, semi-trained, and untrained workers all struggling for employment, in which the assurance of ignorance often seems to carry as much weight as the knowledge which ensures the safety of the patient.

This is, no doubt, the reason which chiefly influences so many nurses in England to remain in institutions; such work is hard, salaries small, and prizes in the way of well-paid posts few, but it is regular and highly responsible work, and the nurse's professional position is recognised and respected.

In many hospitals the position of the Matron is most congenial. She is, and always should be, directly responsible to the Committee of Management for the efficiency of both the nursing and domestic departments, in the same way that the Medical Board and the Secretary report directly on their own departments. The committee thus holds the balance of power. Her relations with the two other departments are, as a rule, cordial. The oversight of nursing and the training of pupils are both of great interest, and her association with patients, nurses and staff, and the many people with whom, in the course of her work, she is brought into contact, combine to make the life of a Matron full of human interest and satisfying occupation. Added to this, for those Matrons who realise that they have a duty to their profession as a whole, as well as to the hospitals which they serve, there is a certain amount of public work to claim interest and support. The position of a Matron has both dignity and charm, and the solitariness which was somewhat oppressive when the Matrons lived in "splendid isolation" and scarcely knew their colleagues in other hospitals in the same locality, is now counteracted by the friendly feeling and intercourse developed through professional associations.

If the nurse desires to seek her vocation in the

Gertrude Rogers

Matron, Leicester Infirmary

Beatrice Cutler

Assistant Matron, St. Bartholomew's Hospital, London
Hon. Secretary, National Council of Trained Nurses of Great Britain and Ireland

larger world outside the hospital, there is a variety of choice for her: first let us mention district nursing, as Great Britain stands first in the perfect organisation of the Queen Victoria's Jubilee Institute. Our nurse, holding her three-years' certificate, is now required to take a further six-months' training in district nursing, including the study of hygiene and instruction in sanitary matters. At the end of this time, if she passes a satisfactory examination, her name is placed on the Roll of Queen's Nurses. Because of the importance of this association we shall presently give it some detailed consideration.

Private duty is a branch of work which absorbs many nurses, and in none is the present disorganisation in their ranks felt more acutely; in none are the economic conditions more unjust. In the private nursing world we find both the most highly trained and experienced nurses working on the co-operative system in connection with their own professional societies, and also those working on the private nursing staff of hospitals, which regard them as a legitimate and fruitful source of income.[1] The system of undergraduate private duty is not only unfair to the self-supporting nurse who has spent three years in preparation for her work, but is also most unjust to the pupil, whose best year in the hospital is sacrificed and who thus loses the most valuable part of her training.

The private nurse is also exposed to the competition of the hospital failures, the semi-trained, the untrained, and a dark substratum of the criminal class, who find, in the confidential relations in which

[1] See *Official Reports*, The London Hospital, as example.

the nurse is admitted to the household, an excellent opportunity to practise their nefarious business. It is undeniable that the confidence of the public in private nurses as a class has been shaken by the conduct of women who assume the uniform for criminal purposes. Well-trained and reputable women who render services of the very highest value to the public are entitled to the protection and professional recognition which can only be secured to them by the publication of a *State Register of Trained Nurses.*

NURSES IN GOVERNMENT SERVICE

That nurses are indispensable to the community is shown by the fact that most Government offices, directly or indirectly, find it necessary to utilise their services, and amongst the openings offering a career are:

Queen Alexandra's Royal Naval Nursing Service, under the Admiralty.—Here, in addition to her thorough three-years' training in a civil hospital of the United Kingdom, the candidate must possess administrative capacity and power to impart knowledge to others, for her duties will include part of the training of the male nurses. There are three grades: nursing, superintending, and head Sisters. All the Sisters rank as officers, and pensions are granted after ten years' service, or earlier if incapacitated for duty. In 1900, a Nursing Reserve was formed for this service, the Admiralty "relying on the Matrons, with the sanction of their committees, to select such suitable nurses as they can arrange to spare" in time of war.

Queen Alexandra's Imperial Military Nursing Service.—This, formerly the Army Nursing Service, was reconstituted in 1902, under a Nursing Board on which the Matrons of two civil hospitals have seats, as well as the Matron-in-Chief of the Service. The grades are: staff nurse, Sister, Matron, Principal Matron, and Matron-in-Chief. Candidates are to be between twenty-five and thirty-five years of age, holding the usual three-years' certificate. Unfortunately the wording of this clause makes such a certificate not absolutely compulsory. The Matron-in-Chief must satisfy the nursing board that as regards education, character, and social status the candidate is a fit person to be admitted to the service, and, before Sisters are promoted to the position of Matron, they are required to pass an examination and give practical evidence of knowledge of administrative work and teaching ability. Pensions are granted after twenty years' service, or at the age of fifty years.

Queen Alexandra's Imperial Military Nursing Reserve.—This reserve is formed for the purpose of supplementing the regular service in the event of war. Candidates must be between twenty-six and forty-five years of age, and possess a certificate of not less than three years' training and service in a civil general hospital, or Poor Law infirmary recognised by the Local Government Board as a Nurse Training School. They must agree to serve either at home or abroad as required, if called in time of war, and are enrolled for a renewable period of three years, though their continuance in the service is at all times subject to review by the Nursing Board at the end

of each year's service. Once a year they must report to the Matron-in-Chief in her office, and show that they are continuously employed in bona-fide nursing duties. The staff consists of staff nurse, Sister, and Matron.

The Territorial Force Nursing Service.—This service is for the purpose of maintaining a staff of nurses ready to serve in general hospitals in the event of the embodiment of the forces for home defence. The requirements are similar to those already mentioned. There is an Advisory Council of which the duty is to frame rules and make recommendations such as will provide for a similar system of control in each hospital. Local committees are appointed in each hospital centre to enrol nurses and revise the rolls annually. In time of peace the executive officer of each hospital is the Principal Matron. For active service the staff is graded into staff nurses, Sisters, and Matrons, and double appointments are made for each, so that in case one is unable to serve the other may be ready. The full nursing strength of each hospital is 120, of whom 91 will be actually needed.

Another branch of work in connection with the nursing department at the War Office is the nursing of the Military Families' Hospitals in the chief depots or garrisons. Here there are nurses and head nurses, who, besides the usual certificate, must be certified midwives.

Queen Alexandra's Military Nursing Service for India.—This service, which was distinguished by the tone set for it by its first and eminently capable Lady Superintendent, Miss C. G. Loch, R.R.C., a St. Bartholomew's Sister, comprises Nursing Sisters,

Senior Nursing Sisters, and Lady Superintendents. The nursing board at the India Office requires evidence of three years' training in a general hospital.

Colonial Nursing Association.—The Colonial Office engages nurses for service in Crown colonies, through the association founded by Lady Piggott. The nurses work both in hospitals and in private houses. The certificate of the Central Midwives' Board is required in addition to one of general training.

When we turn to the civil government we find that nurses are at work under the Local Government Board in Poor Law infirmaries and in the hospitals of the Metropolitan Asylums' Board, which receive infectious cases needing hospital treatment in the metropolitan area; under the Board of Education there are school nurses; under the Home Office they are engaged in asylums for the insane, and in prisons. In the metropolitan area both school nurses and asylum nurses are under the London County Council. The Foreign Office engages a certain number of nurses for service in British protectorates.

Nurses also find scope for their professional gifts as health visitors, sanitary inspectors, as lecturers on nursing, and in connection with crèches; then, in increasing numbers they are being attracted to the work of foreign missions, a field in which they find abundant opportunities for the exercise of all the talents they may possess.

MENTAL NURSING

This branch of nursing is conducted chiefly in private or public asylums. Those taking it up enter

as a rule, an asylum for training, where they sign a contract for three years. At the end of this time it is the aim of the more progressive to obtain the certificate conferred by the Medico-Psychological Association, which has instituted a uniform examination for mental nurses, both men and women, throughout the country. A very limited number of nurses take the double training in both general and mental nursing, and those who do so are rewarded by the enlarged powers and skill which they attain.

Trained nurses are also entering largely into the anti-tuberculosis campaign, and are becoming increasingly interested in the possibilities which lie before them as trained workers in social service in connection with moral prophylaxis. The need of instruction upon venereal diseases in the course of their training is now realised. Hitherto teachers in nursing schools have been almost silent upon this subject, yet nurses, when thoroughly alive to their opportunities, should be a powerful force in helping to combat these social plagues and teach moral hygiene. In planning the programme for the International Congress of Nurses in 1909, the British leaders gave this subject a prominent place, and the *British Journal of Nursing* has conducted a campaign of enlightenment concerning it.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

We have already mentioned the beginnings of district nursing,[1] and for complete historical details refer our readers to the *Reports and Proceedings* of the

[1] Vol. II., Chap. vi.

Wilhelmina Mollett

Late Matron, Royal South Hants Hospital

Amy Hughes

General Superintendent, Queen Victoria's Jubilee Institute for Nurses

Jubilee Congress for District Nursing, which was held in Liverpool in 1909 to celebrate fifty years of district-nursing work. They should also read Miss Nightingale's letter to the *London Times* of April 14, 1876, written to get funds for the Central Home of the Metropolitan National Nursing Association, now at 23 Bloomsbury Square. From this centre, district nursing spread rapidly through London and the provinces. In Scotland, the pioneer of such work was Mrs. Mary Orrell Higginbothan, who founded the Glasgow Sick Poor and Private Nursing Association in 1875.

The gracious act of her Majesty Queen Victoria, in devoting £70,000 of the Women's Jubilee Offering to the furtherance of district nursing, in the year 1887, gave the mainstay from which has branched a great national, articulated organisation. The provisional committee appointed to help administer the offering (among whom was a nurse, Mrs. Dacre Craven) decided to apply the interest accruing from it to found the Queen Victoria's Jubilee Institute for Nurses, both to prepare nurses for work with the sick poor in their own homes, and to extend branches throughout the United Kingdom. The Metropolitan and National Nursing Association was adopted by the Institute as its London nucleus, and the majority of then existing associations, including the pioneer societies in Liverpool, Glasgow, and other cities, agreed to the condition of affiliation with the Institute. The Royal Charter of 1889 connected the Institute with the ancient foundation of St. Katherine's Royal Hospital,[1] and the offices were within

[1] See Vol. I., p. 452.

its precincts until 1903, when with the need of larger quarters they were moved to 58 Victoria Street, S.W. In the year following, the official connection with St. Katherine's terminated, and Queen Alexandra became patron of the Institute. It is governed by a Council mainly representative, on which Scotland, Ireland, and Wales have direct representation. Scotland has, as well, its own executive committee.

In 1903 Lady Dudley established a fund for providing district nurses in the poorest parts of Ireland, by means of which Queen's nurses are maintained in the extreme west and other districts where it is impossible to raise funds. With this are joined two other societies, the Homestead and Manchester West of Ireland Fund. The Women's National Health Society for Ireland, inaugurated in 1908 by the Countess of Aberdeen, is affiliated with the Institute, and Queen's nurses are taking an active part in the work of this society, especially in the prevention of infant mortality and tuberculosis.

Wales has its pioneer central home in Cardiff, and Welsh-speaking nurses are necessary for rural districts, especially in North Wales. The North and South Wales Associations were formed in 1909 to supply district nurses, and more especially certified midwives, throughout the principality. Each has a central committee and co-operates with education committees and other county and city officials. To the energy of these new associations has been largely due an aroused public interest in district nursing, which has greatly increased the number of societies and nurses.

The standards for the Queen's nurses are excellent,

and should be imposed on all district nurses doing similar work. Unfortunately, side by side with this system has grown up another of employing women who are certified midwives, and have had a short training in general nursing, not necessarily in a hospital—for work in the homes of the poor as "village nurses," under county nursing associations, or as "cottage nurses" (general help, who live in the cottages with their patients) under what is known as the Holt-Ockley system. Thus, after fifty years, Florence Nightingale's minimum standard of one year in a hospital has been reduced, for the nurses of the poor, to a few months, with disastrous results, as the presence of the cheap nurse makes it increasingly difficult to raise the salary for a thoroughly efficient Queen's nurse.

The Queen's Institute, making the best of things as they are, recognises the county nursing associations, as told in the following extract:

From the beginning of this movement the Queen's Institute has realised the importance of nurses employed in country work holding a certificate of midwifery, and also that special supervision is essential. Wherever possible, nurses with full hospital, district, and midwifery training, in other words Queen's nurses, are employed in country associations affiliated with the Institute. For areas where neither work nor funds permit the support of such nurses, the county associations undertake to train women as midwives, giving them additional instruction in elementary sick nursing, and these "village nurses" are supplied to rural districts. The Queen's Institute requires the appointment of a Queen's nurse as county superintendent, who is responsible to the

county committee for the adequate and constant supervision of the practical work of these nurses.

There are some thirty-two county associations, of which eighteen are affiliated with the Institute.[1]

The village nurses' preparation for general nursing is thus simply a "short course," given them, usually, in the Maternity, Charity, and District Nurses' Home in Plaistow, which was opened in 1889, under Miss Katharine Twining, and is now, with its branches, the principal training school for the county association's candidates. Call them what one will, the cottage nurses are not nurses. They may be useful household help, and as such are badly needed in cottage homes, but no lasting good comes from the acceptance of inferior professional service for the poor. They, more than any others, need the best. Nor is that even a genuine charity which compels the worker to give the charity. The cottage nurses are miserably underpaid and themselves cling to the very poverty-line. Helpless to help themselves, they but drag lower the workers just above them. In making use of them, the Queen's Institute is conscientiously doing what seems to its officers the best possible under the circumstances, but as an impartial historian we can but hold the "village nurse" to be a professional and economic mistake. England has some thirty-five county associations, of which, in 1911, twenty-two were affiliated with the Queen's Institute. The lines upon which they work are similar throughout, and the influence of the Institute is to place women

[1] *Report and Proceedings*, Jubilee Congress District Nursing, Liverpool, 1909.

" with full hospital training whenever possible, but in every case with some knowledge of simple general nursing, for scattered rural districts."

Two recent Acts of Parliament have touched nurses closely: the Midwives' Act of 1902 (for England and Wales) has made it increasingly imperative that district nurses should hold the certificate of the Central Midwives' Board, and the Notification of Births Act of 1907 has led to their employment in larger numbers, by municipal councils, as visitors to the cases thus notifiable. In many associations, too, nurses take an active part in the work of maternity clubs, schools for mothers and "Babies' Welcomes."

Public-school nursing grew from district-nursing work as a branch from a tree. Its origin dates from 1891–92, when during the inquiry into the feeding of school children it was found that children suffered much from neglected minor ailments and also that much school time was lost as a result of infectious troubles. One of the managers of a school in the Drury Lane District, under the London School Board, then applied to the Metropolitan Nursing Association for a nurse to visit the children during school hours. The first nurse so detailed was Miss Amy Hughes (who later attained the highest post under the Queen's Nurses' Institute) and so conspicuous were her successful results that, as has been often related, other associations followed the example: the London School Nurses' Society was formed in 1898, and in 1904 the London County Council appointed a staff of nurses under a superintending nurse, stimulated thereto by Miss Honnor Morten, one of

the School Board, who had taken the year's training of a lady probationer in the London Hospital. The appointment of Miss Helen L. Pearse as Superintendent of School Nurses in 1908 placed at the head of the work a woman of abounding energy and intelligence, whose wide view and warm social sympathies inspired it with a truly vital force. The school nurses now have their own League.

Under the Education Act of 1907, the authorities must provide medical inspection of school children, and may provide nursing. The sympathetic attitude of the Board of Education toward the school nurse has had the result of creating a growing army for the care of the children, the usual mode of recruitment being by agreement with district nursing associations, the education authorities paying sums proportioned to the work they require.

Under the Children's Act (1908), the London County Council and Boards of Guardians elsewhere are entitled to pay for the services of nurses as Infant Life Protection Visitors for Boarded-Out Children. Queen's nurses are being thus employed extensively in both England and Wales, as their knowledge of the people of their districts and their tactfulness in dealing with the problems of the home enable them to give accurate reports both as to the children and their surroundings. In all these new lines the nurse's opportunities for educating the community to higher standards of living are endless.

The value of the trained district nurse's services in the crusade against tuberculosis need not be insisted upon. Associations are alive to the need of the nurse's educational and preventive work and to the

Mrs. Lancelot Andrews

One of the first inspectors of maternity wards, nurseries, and infirmaries under the Local Government Board

Helen L. Pearse

First Superintendent of School Nurses under the London County Council

importance of her observation and her lessons in practical sanitation and hygiene.

Under the auspices of the Red Cross Society, Queen's nurses are giving lectures on home nursing in different parts of England and Wales, their practical experience in making the best use of the equipment found in the ordinary home fitting them to instruct others ably on such lines.

A rapidly increasing number of associations are framed on the "provident" or "clubs" system, every one desiring the services of the nurse contributing on a sliding scale as arranged by the local committee. In many industrial centres the people themselves raise the needed funds and entirely control the association. Midwifery and maternity clubs are also springing up in every direction. The whole trend of public opinion is toward encouraging self-respect and independence amongst those to whom the nurse ministers. At the same time the interests of those who are unequal to the struggle of life are safeguarded, and no case is refused nursing because of poverty. Provision is also made for those who are not poor, yet could ill afford the fees of the private nurse. Many associations have a "daily visiting nurse," who attends such patients at a fixed scale of fees.

The most striking feature in the development of district nursing is the prominence of its educational side. Almost imperceptibly, yet none the less steadily, has this change progressed. As the value of the nurse's teaching in the homes rises, it becomes more important that she herself should be especially prepared and acquire some insight into those social questions which affect the general welfare of the com-

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THE STRUGGLE FOR ORGA

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Miss Nightingale's work, magnificent as it was, did not include the inspiring idea of self-government in mutual, voluntary, democratic union. This was to be the service and the contribution of her successors, who, in turn, had to struggle desperately, and submit to contumely and abuse for the sake of their ideals.

Within twenty years after the opening of St. Thomas's, it was clear that the first need of the young profession was a leader who could form a strong association of its members, through which the isolated units could be brought together, their views on professional questions voiced, their economic independence safeguarded, and some uniformity of education and practical standards established. Nor did the leader delay; indeed, she had been among the first to feel the need, which her own advanced work in hospital had helped to accent. We meet a remarkable personality in Ethel Gordon Manson, who, later, as Dr. Bedford Fenwick's wife, maintained a dynamic relation to the nursing movement of the whole world and held electric keys of power, by which she administered stimuli in every direction. In an interesting character sketch, to which our readers are referred,[1] the foremost features of her complex and versatile character, "courage and idealism, British grit and dogged tenacity of purpose," combined with extraordinary elasticity of spirit, are recorded, but we would add that courage is too moderate a word for her intrepid daring in facing difficulty, and that her loyalty to her ideals has been evidenced by twenty-

[1] *Ethel Gordon Fenwick: A Character Sketch by an Intimate*, A. J. N., Sept., 1901, p. 861.

five years of the most nerve-wearing battle and unremitting labours, freely chosen in place of a life of brilliant ease and enjoyment. From our modern point of view, her contribution to the nursing movement has been as important as Miss Nightingale's.

At twenty-four, Miss Manson, having begun her training at twenty-one, became Matron of St. Bartholomew's Hospital, and with her appointment a new chapter in English nursing began. During six years she was a path-finder, organising the school on the admirable lines it has since followed, and earning a reputation for clear judgment, unerring intuition, professional enthusiasm, great organising ability, tenacity of will, and public spirit. It was she who broke the ground for the democratic system of a higher, universal development of nursing education. In 1887, she married Dr. Bedford Fenwick, and, with his active co-operation (for never have nurses and their causes had a more loyal, unselfish friend than Dr. Fenwick, whose brotherly deeds have been so self-effacingly done that they will never be fully known), devoted herself to the advancement of her profession and dedicated to it all her unusual gifts and energies. In the year of her marriage she proposed the formation of an Association of Trained Nurses, not limited to those of one school. Coming from her, the proposition commanded widespread attention and respect. It also aroused intense hostility, for those who, for economic or autocratic reasons, desired to keep nurses unorganised and in subjection, knew that their champion would be a formidable opponent. Undaunted, Mrs. Fenwick called together on November 21, 1887,

a group of kindred spirits at her house in Upper Wimpole Street (a house where many historic meetings relating to nursing organisation have since been held), and in December the British Nurses Association was formed. Said she in this connection: "The Nurse question is the Woman question, pure and simple. We have to run the gauntlet of those historic rotten eggs."

Thenceforth the hospital world of England was divided into two camps. The progressives had as their goal the organisation of nurses through a central governing body appointed by the State, by which educational standards could be established, the skilled differentiated from the unskilled, and discipline maintained: the reactionaries would not admit the necessity for fixing a minimum standard of training and were strongly averse to organisation amongst nurses. Their stronghold was then, as afterwards, an obstinate refusal to recognise the question as an educational one, and an immovable persistence in treating the registration of nurses as a sort of intelligence office for superior domestic help.

Besides the hospitals which profited by fees for nurses, enterprising middlemen made large incomes by the simple process of engaging trained or half-trained nurses at small salaries, supplying them to the public at full fees and pocketing the difference. Naturally such persons regarded the proposition for State Registration of Nurses with alarm. In many ways nurses were an asset to mercenary individuals.

If it be asked why intelligent women should have permitted others to exploit them, the answer may be given in one word, *non-organisation*. The position

thus came, at last, to be much more complex than at first appeared when British nurses put forth their plea for simple justice to the sick—that they should no longer be at the mercy of unskilled and unscrupulous women who, donning the nurse's uniform, preyed upon the public with impunity, since legal evidence of efficiency could not be demanded of them—and justice to trained nurses, by providing that those who had undergone and benefited by an arduous and lengthy training should be distinguished from those who had not taken the pains to equip themselves thoroughly before undertaking the responsible duties of practising as trained nurses—a necessary differentiation between skilled and unskilled well understood by members of men's professions and trades, and vitally important in the case of a profession on whose skill, or the lack of it, the balance between life and death may depend. Little by little the scene shifted until it was clear that Mrs. Fenwick had taken up arms against an arrogant monopoly. For twenty-three years the battle was waged, and is not yet ended. During this whole time she has not only led without faltering, but has performed incessant drudgery as well, meeting abuse and misrepresentation by the way.

In 1893, to have a means of expression, she assumed the control and editorship of a small weekly paper called *The Nursing Record*, which had taken the progressive side from the outset. In 1902, she enlarged the magazine and called it *The British Journal of Nursing*. It rapidly came to be the foremost nursing journal of the world and is the most complete record in existence of nursing affairs and progress in

all countries. Fearless, aggressive, and of a consistent, unwavering policy, it has been the advance guard of nursing interests all along the line. For many years Mrs. Fenwick has had associated with her on the *Journal* Miss Margaret Breay, well known as one of the hardest workers in a hard-working profession. What words can measure the depths of Miss Breay's staunch loyalty to ideals and to friends? None. But her numberless services are appreciated around the world.

The progressives rallied with enthusiasm around the British Nurses' Association, and within twelve months it numbered a thousand well-trained nurses, possessed of a splendid buoyant professional spirit, and well aware of the need of action. Chief among the opposition were Mr.—now Sir Henry—Burdett, editor of *The Hospital*, and Miss Lückes, Matron of the London Hospital, an institution which has never ceased to exert its whole power against the new spirit. Opposed, too, were many of the authorities of the metropolitan hospitals to which medical schools were attached. They objected to State interference with their absolute authority, deemed organisation among nurses to savour of "trades unionism," and regarded it with the same disfavour that, in the past, employers had shown toward co-operation amongst workers in the industrial world. Because the struggle that followed is full of lessons, and because of its historic importance, dividing, as it did, passing from oncoming phases of nursing evolution, we shall give some detail to the events which led up to it, and to its fortunes.

First in 1874 had the need for legal status for the nurse been publicly mentioned by the late Sir Henry (then Dr.) Acland in his preface to Miss Florence Lees' (Mrs. Dacre Craven) *Handbook for Hospital Sisters*. He there said:

The Medical Act of 1858 allows women to be registered as medical practitioners. It makes no provision for the registration of trained nurses, however complete their education, and however great their skill, whether as midwives or nurses. Many accomplished women might reasonably desire the name as well as the function of Superintendents of Hospitals or of Ward Sisters or of Nurses. At present they can have no such legal recognition of their qualifications in either department, as is obtained by Sisters who become school-mistresses or who are students and teachers of Art. That this ought to be remedied can hardly admit of doubt; but it rests with the women of England to decide whether what is

tendance on the sick. But up to the present date the Nursing Profession has never been taught to incorporate itself, to undertake its own self-government, to endeavour to work out its own future, to expel unworthy members from its ranks, to define its curriculum of training, to found a Diploma or Certificate of Efficiency, or to form a Pension Fund. But all these steps follow logically from the lines I have laid down.

Suffice it to say that this remarkable document was pigeonholed by the War Office and no more was heard of it, and when trained nurses began to organise their profession two years later they were quite ignorant of its existence.

In 1886, the question of registration of nurses was discussed by the Nursing and Domestic Management Committee of the Hospitals' Association of which Mr. Henry C. Burdett was the founder. But so little did Mr. Burdett then understand the professional aspect of registration that he wrote that in his opinion the Sectional Committee [on which were Matrons of hospitals] would do well to "confine their consideration of Registration to considering how far it is desirable or possible to establish a Register for Trained Nurses in connection with the Hospitals' Association, so that the Lady Superintendents and medical men may write from the country to the Association, and have a reasonable assurance that they will thus be able to ascertain the character of a nurse with reasonable certainty, and so protect themselves from risks to which they are at present exposed." The Matrons composing the Sectional Committee then expressed the opinion, in connection with this scheme, that no nurse should be placed on

the Hospitals' Association's Register who had not received three years' training, but this professional opinion was ignored by the council of the association, which put forward a plan for registering any nurse who furnished satisfactory proof that she had worked for at least a year on the staff of a hospital or infirmary, and that she had been trained in the duties of a nurse. Their recommendation as to the professional qualifications of the nurses to be enrolled thus ignored, the Sectional Committee resigned in a body, the danger of the control of professional women by unprofessional persons having been forcibly brought home to and thoroughly appreciated by them. Following on this alarm signal came Mrs. Fenwick's invitation to hospital Matrons in London to assemble at her house, and nine, in all, responded, among them being Miss Isla Stewart, Miss Catherine J. Wood, and Miss M. Mollett. Mrs. Fenwick presided, and it was decided that a professional association of nurses should be formed and that the Matrons of the principal hospitals in the kingdom should be called to a conference to discuss the question. The conference was held, and it was unanimously resolved that a British Nurses' Association should be formed, its objects being also agreed upon. In January, 1888, the association was permanently organised and H.R.H. the Princess Christian accepted the Presidency. Instantly, *The Hospital* took up its policy of unremitting hostility.

The association included medical men as members as well as nurses, and the nurse members had even generously elected medical men as honorary officers. [In England the term "honorary" signifies an unpaid

officer.] No doubt of the wisdom of this course occurred to the founders. They expected to meet honourable co-operation from all their members, and, at that early stage, it was sufficiently daring to organise at all. It was the first time in modern history that nurses had asserted the right to associate together for self-government, and to have ignored the medical profession would have seemed too revolutionary. On February 13, 1888, a public meeting was held at St. George's Hall. The chair was taken by Mr. (later Sir William) Savory, Senior Surgeon at St. Bartholomew's, and the objects of the association were explained to a crowded and enthusiastic audience of medical men and nurses, after which members were enrolled. The first general meeting of members was held at the Middlesex on February 24th, its objects being defined as follows:

(1) To unite all qualified British nurses in membership of a recognised profession. (2) To provide for their registration on terms satisfactory to physicians and surgeons as evidence of their having received systematic training. (3) To associate them for their mutual help and protection and for the advancement in every way of their professional work. Lastly it was declared to be the immediate object of the association to obtain a Royal Charter of Incorporation.

The Hospital having strongly advocated a system of registration for nurses when controlled by a lay body, now denounced the union of nurses for professional purposes, and advised managers of hospitals and nursing institutions throughout the country to "enact that no member of their staff should become a member of the new association."

As *The Hospital* was the organ of the "Hospitals' Association" it is probable that it voiced the sentiments of many Governors. Some of the most powerful of these authorities came out individually against the nurses' movement, notably those of St. Thomas's and of the London. In 1888, Mr. Henry Bonham-Carter, Secretary of the Nightingale Fund, published a pamphlet against the registration of nurses, and in the following year Miss Lückes, Matron of the London, widely circulated one against the British Nurses' Association. *The Hospital* published an anonymous letter, suggesting that the association would include the "scum of the nursing profession" and that nurses would join it "to obtain pseudo-respectability," which they could not get elsewhere. Mr. Burdett replied to protestations against these charges that they seemed "only a fair criticism." In 1889, a memorial was issued, signed by the representatives of ten London training schools, who "noted with surprise the statement that the main object of the British Nurses' Association is in conformity with a great public want and a widespread professional demand." The point of view of these hospital authorities was that of many men to-day, who declare that "women have everything they want." The memorial argues that enrolment in a common [State] register would lower the position of the best trained nurses, be detrimental to the advancement of the teaching of nursing, disadvantageous to the public, and injurious to the medical practitioner. These arguments rested on the contention that nurses should obtain references from their training schools throughout their entire career. The school authori-

ties undertook neither to employ all their former pupils nor to be responsible for finding them employment, yet claimed the power of making or marring their careers throughout the whole of their professional life, a suggested domination which, we believe, has not been claimed over former students by any other schools, either professional or industrial. This memorial was signed, possibly under pressure, by the Matrons of seven of the ten hospitals.

In 1899, the British Nurses' Association invited the advice and assistance of the General Medical Council and the co-operation of the training schools for nurses throughout the kingdom, in establishing a system of registration of nurses, and in forming a council in connection with the association to carry it out. The General Medical Council replied in a resolution upholding the desirability of registration of nurses, but held that it should be carried out under a separate Act. Training school committees also generally refused assistance, on the ground that they existed for other purposes. In January, 1890, the first voluntary Registration Board was appointed by the British Nurses' Association and registration opened in February of that year. *The Hospital* now maligned the personal character of enrolled members, warning the public against a certain nurse whose name was mentioned, and refusing retraction when its statements were proved to be erroneous. Unfortunately, through dislike of publicity this nurse took no legal steps. Had she done so, others might have been saved from similar persecution.

In 1891, the British Nurses' Association was granted by Queen Victoria the right to use the prefix

"Royal," and in 1892 it presented its formal Petition to Her Majesty the Queen in Council for the grant of a Royal Charter of Incorporation. The application aroused the utmost activity in the opposition ranks. The method of incorporation by Royal Charter is the most ancient and honourable by which this privilege can be obtained. The procedure is elaborate, and at one stage written reasons for and against are called for by public advertisements. Petitions against the charter were presented by the Council of the Nightingale Fund, the Committee of the Westminster Training School, and various executive officers, medical men, and representatives of training schools and nursing institutions.

On the other hand, lively interest was evoked, for, if granted, it would be the first time that a Royal Charter had been gained by an association of professional women. After royal and eminent medical signatures came the names of the Matrons, many of whom are still leading the campaign for progress and freedom.[1]

In all, there were, supporting the petition, 1250 medical men, 3700 nurses, and 4300 of the public.

[1] Mrs. Bedford Fenwick, Miss Isla Stewart (St. Bartholomew's), Miss G. M. Thorold (Middlesex), Miss C. S. Wood (Hospital for Sick Children, Great Ormond Street), Miss M. Breay (Metropolitan), Miss Beachcroft (Lincoln County), Miss M. N. Cureton (Addenbrooke's, Cambridge), Miss C. Forrest (York County), Miss L. Hogg (Head Sister, Royal Naval, Haslar), Miss Rogers (Leicester Infirmary), Miss G. Scott (Sussex County, Brighton), Miss M. G. Smith, (Royal Infirmary, Bristol), Miss R. F. Lumsden (Royal Infirmary, Aberdeen), Miss H. C. Poole (Adelaide, Dublin).

In addition, the petition was signed by a large number of medical practitioners, Matrons, nurse members of the association, and chairmen and members of hospital committees, etc.

Against it there were 264 medical men, 518 nurses, and 140 members of the general public.

An inquiry was then held by three lords on behalf of the Privy Council, and both sides were heard through their respective counsel, Sir Horace Davey speaking for the Royal British Nurses' Association. The arguments on both sides are to-day so familiar to all nurses that we shall omit them. Some attempt was made to conjure with Miss Nightingale's name, but it was pointed out that for twenty odd years she had taken no direct part in nursing. Though opposed to the idea of State registration, one thing she had said was this: "Twenty or thirty years hence, when so much progress has been made that our present time is looked back upon as the time of bad nursing, this registration might do."

As a result of the hearings the Committee recommended Her Majesty in Council to grant the Royal Charter, and on June 6th this was done. Thus the nursing profession possessed the powers, had it been permitted to use them, to organise trained nursing in a most honourable manner, and had it not been for internecine treachery this great reform would have been gradually accomplished. In 1894, at the International Congress of Hygiene and Demography held at Buda-Pesth, a paper signed by H.R.H. Princess Christian, President of the Royal British Nurses' Association, was presented, containing the following statement: "It is the hope of the Corporation that the time is not far distant when the State will see the importance of recognising a definite Diploma of Nursing, and of giving its official sanction

he maintenance of the Register of Trained
ses."

ne future now looked bright. The large-minded
en who had thought to build to the honour and
ection of the calling they dearly loved, that its
name might shine brightly, were lifted high in
t with hope and faith, and at a dinner of rejoic-
toasts and cheers rewarded the intrepid leaders.
the forces hostile to women's progress, defeated in
contest, plotted to capture the new association
direct means. Up to this time, while the associa-
had had to meet bitter onslaught from without,
e had been complete unanimity within the ranks,
presently a malign influence from outside became
rent within the association itself, the object
g to crush the power of the Charter. Further;
ough medical men had supported the nurses'
ion for the Charter, when it became a question of

answered any purpose, has afforded to the nurses of the world a lesson which many of them have taken to heart.

A series of events now occurred, each one marking an advance in wresting power from the nurses by means of parliamentary tricks and subtleties and concentrating it in the hands of a small ring of men. The Executive Committee had a number of *ex-officio* members, who were thereby entitled to seats on the General Council. Such members were: leading medical practitioners, Matrons of the most important hospitals, heads of Army, Navy, and Indian Army Nursing services, and Mrs. Bedford Fenwick, the founder of the association. So long as these women, and especially Mrs. Fenwick, with her lightning-like intuition, keen judgment, and passion for justice, were in executive office, to usurp power would be very difficult and ways must be found to get rid of them. In October, 1894, it was suggested by a medical officer that the wording of the Bye-Laws was ambiguous and by reason of this imperfection it was presumed that the founders were not entitled to seats on the General Council. A number of members thereupon, as was their right, called for a special meeting for the purpose of making the provision clear and unquestionable. The officers never convened the special meeting, thus distinctly violating the members' rights.

In the following June the tension became acute. A member of the association did not receive the voting paper to which she was entitled. She called at the association office and was refused it. She wrote a perfectly temperate statement of this to *The*

Nursing Record, saying that she was anxious to replace the names of the *ex-officio* Matrons on the list, and fearing that other members might have a similar experience, suggested that any one not having received a voting list should ask for it at the office. Extraordinary as it may sound, this nurse received a threatening letter from the association's secretary, through a fighting legal firm, on the day her letter was published. This attack upon her was authorised by the Executive Committee, and Mrs. Fenwick, as the editor of *The Nursing Record*, received a similar letter from the same firm.

The offending member was next proceeded against by the Executive Committee (who had power to direct the erasure of a nurse's name from the register, after hearings) in such a way that she was forced to secure a legal adviser and to seek an injunction against the officers of the Royal British Nurses' Association restraining them from removing her name. She was sustained in the High Courts, and the association was ordered to pay the costs. Thus bravely and successfully were the rights of free speech and a free press defended by a nurse who deserves the gratitude of all for her intrepidity. As though to rebuke the courts, the royal president now called a special meeting to consider a resolution condemning the woman who had been exonerated in a court of justice; the resolution was offered by the President of the Royal College of Physicians, *who was not a member* of the association; after a stormy debate, the chairman declared the resolution passed, and, when challenged, would not permit the votes to be counted.

In January, 1896, came the decisive act of undoing, —the betrayal of the members of the association on the fundamental principle for which they had founded it, namely, the State Registration of Trained Nurses. The British Medical Association had, in the previous year, passed the following resolution, proposed by Dr. Bedford Fenwick:

> That in the opinion of this meeting it is expedient that an Act of Parliament should, as soon as possible, be passed providing for the registration of medical, surgical, and obstetric nurses, and the Council of this Association are, therefore, requested to consider the matter and to take such measures as may seem to them advisable to obtain such legislation.

In accordance with the resolution, the Parliamentary Bills Committee of the British Medical Association invited representatives of nursing bodies to confer with it on the subject. It was not, however, realised that to represent the views of nurses the representatives must themselves be trained nurses. Our space does not permit a full résumé of this historic meeting and its preliminaries. Suffice it to say that the representatives of nursing bodies present were Mrs. Bedford Fenwick (Registered Nurses, a co-operative society), Miss Isla Stewart (Matrons' Council), Dr. Bedford Fenwick, Miss M. Breay (St. John's House), Miss Annesley Kenealy (a nurse), who voted in favour of State Registration. Against it were: Miss Wedgewood (Delegate R.B.N.A.), Mr. Fardon (Hon. Medical Secretary R.B.N.A.), Miss J. Wilson (Hon. Secretary Midwives' Institute, not a nurse), Mr. H.

urdett (National Pension Fund for Nurses), Mr -
hard (Secretary, Plaistow House for Nurses),
the representative of the Glasgow Maternity,
voted for a resolution: "That a legal system of
stration of Nurses is inexpedient in principle,
ious to the best interests of nurses, and of
tful public benefit."

he resolution was passed by a majority of one, *i.e.*
ote of the Hon. Medical Secretary of the Royal
sh Nurses' Association, since dead. When sub-
ently taxed with his action, he excused himself
ying that he was not representing the association
he Middlesex Hospital. The answer is obvious.
n officer of an association formed for the purpose
taining State Registration of Nurses, he should
r have refused to represent the hospital, or, if
ecided to do so, should first have resigned his
ion in the Royal British Nurses' Association.

The next tactics of the medical parliamentarians brought on another lawsuit. Miss Margaret Breay, one of the charter members, instituted legal proceedings against the chairman of the annual meeting in 1896. In 1894, a number of Matrons had protested against the irregular conduct of business, the unsatisfactory financial management (the funds were wasted), and the way in which the nurse members were overridden or ignored. Their protest was brushed aside, and at the next general council meeting they declared their opposition to the management had "subjected them to every indignity which premeditated insult could inspire." They intended bringing a similar protest in 1895, but to ward it off certain medical members of the executive committee called twelve Matrons into conference and gave their word of honour that grievances should be redressed. The Matrons then consented not to make their protest. But when the meeting was over, every promise was repudiated. The Matrons then determined to protest at the annual meeting in 1896, and prepared a statement with resolution and motion which Miss Breay was to present. This was sent to the secretary as prescribed by the bye-laws on a certain early date, by registered post, for insertion in the agenda (order of business). The officers made some objections to the draft of the motion, and Miss Breay redrafted and returned it in an express registered letter. The letter was acknowledged, and Miss Breay's notice of motion appeared in the advertised order of business running as follows:

> That this meeting of the Corporation expresses its strong disapproval *of the* methods of management

pursued by the present Executive Committee, especially concerning the manner in which the pledges given by the Association have been broken; in which the expenditure of the Association has been allowed so greatly to exceed its reliable income; in which the provisions of the Charter and Bye-Laws have been violated; and in which a member of the Association has been compelled to appeal to the Court of Chancery for protection against the Executive Committee.

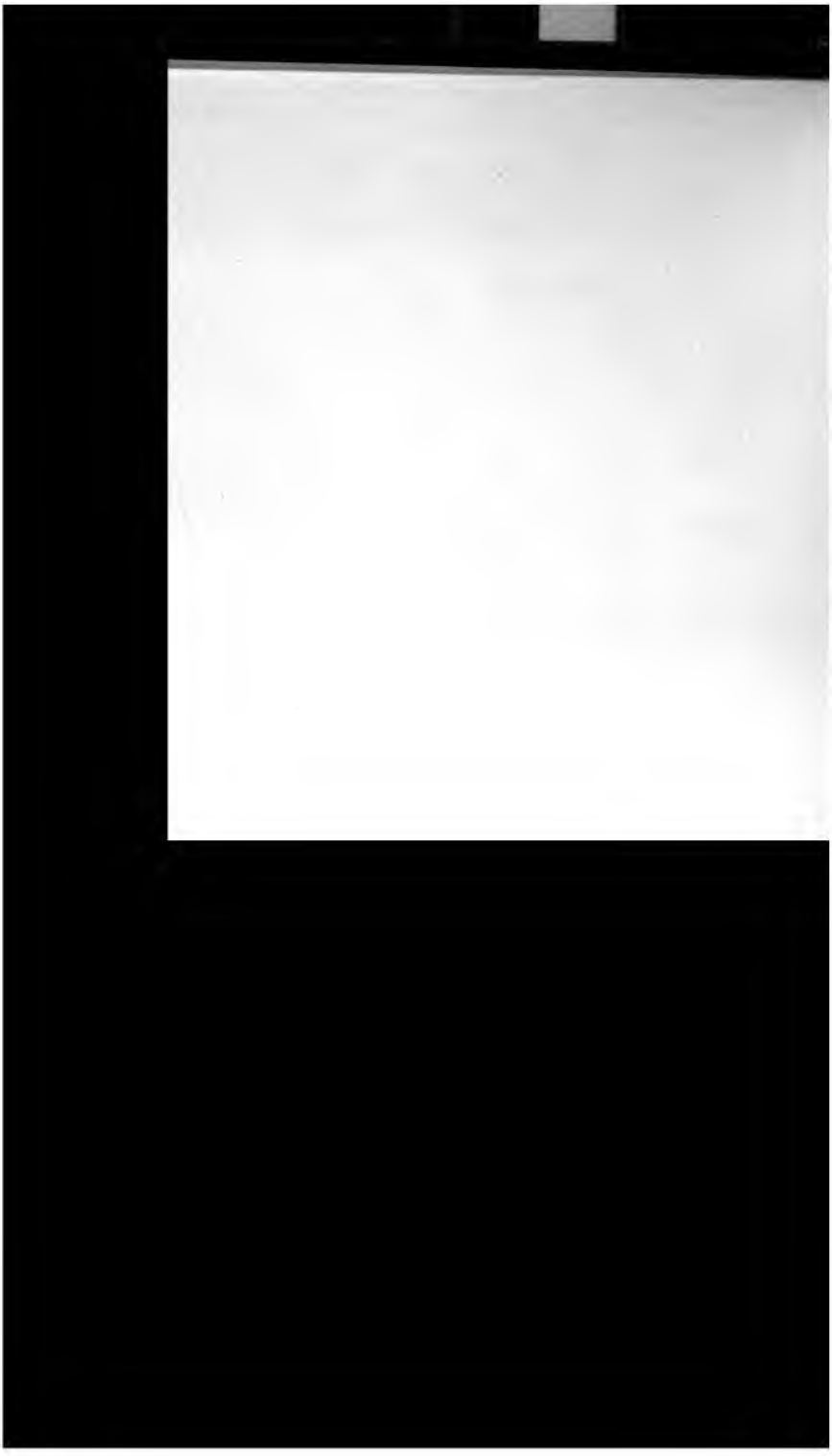
When the resolution was reached at the meeting, the honorary medical secretary rose to a point of order. The motion, he declared, had not been sent by registered post but merely in an express packet. He left it with the chairman to decide, etc. The chair instantly ruled that the resolution was out of order and on this frivolous technicality refused to allow it to be discussed. Miss Breay consequently

Margaret Breay

Assistant Editor, *British Journal of Nursing*; Treasurer International Council of Nurses; Secretary, Matrons Council Great Britain and Ireland. Taken when Staff Nurse, St. Bartholomew's Hospital

Sister S. E. Cartwright

Secretary and Sister-in-Charge, Registered Nurses' Society



to the register of trained nurses, but so emphatically was the objection voiced that this would be unfair to both, and so effective a public protest was made, that the proposal was dropped.

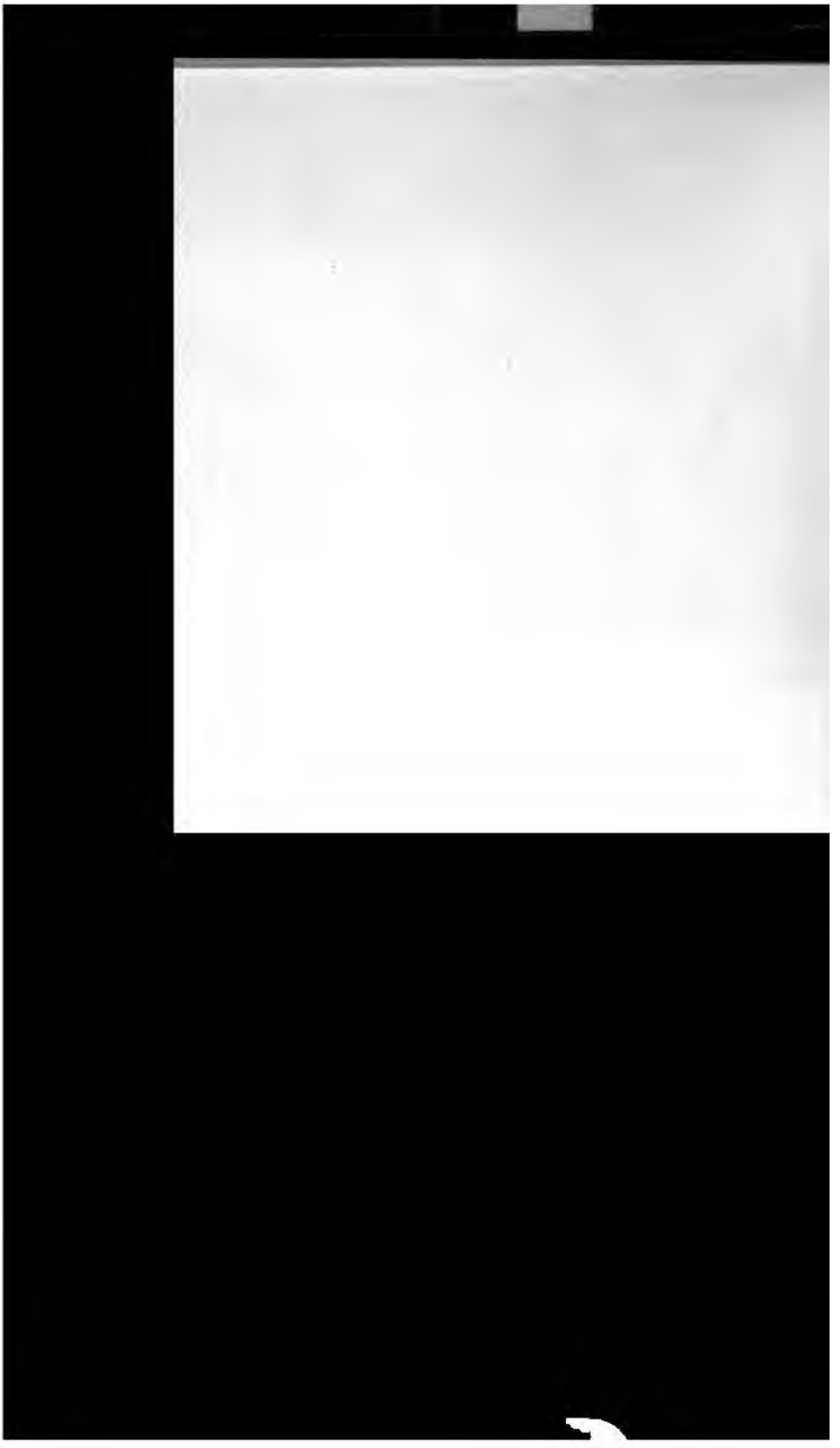
In 1896–97, came the opportunity to rid themselves of the fearless and resolute woman whose presence on the executive committee vexed their spirits. Mrs. Fenwick was called to Greece as Superintendent of Nursing of the English contingent in the Greco-Turkish War (where she gave distinguished service, coming back with the Greek Red Cross), and during her absence the vice-chairman, hon. treasurer, hon. secretary, and certain members of the executive committee planned to secure the assent of the Lords of the Privy Council to an alteration in the bye-laws which reconstituted the executive committee without her name, and she was thus excluded from a voice in the society she had founded. The reversal of the policy of the Royal British Nurses' Association was now complete, and, on the resignation of the nurse secretary (a paid officer), the executive committee selected the nominee of Sir Henry Burdett as her successor. Last of all, the addresses of nurse members were removed from the register, so that communication between them became impossible. In July, 1897, at the annual meeting, protests were made. Mrs. Fenwick, in a masterly address, reviewed the whole situation. Miss Clara Lee voiced the indignation of Irish nurses. A number of Matrons had appealed to public opinion through the press and then, there being nothing else to do, resigned. The Royal British Nurses' Association has never fully recovered from the disasters of that period, yet, in

1904, as we shall see later, it succeeded in throwing off its oligarchy sufficiently to declare once more the principle of registration for which it had originally stood.

The lesson of these events was laid to heart by the nursing leaders, and they determined to make a fresh beginning, and to call into being organisations of nurses on other lines. Foremost among these was the Matrons' Council of Great Britain and Ireland, founded in May, 1894. Its founder and, until the time of her death, its president, was Miss Isla Stewart, whose great part in nursing progress we shall here imperfectly indicate. Miss Stewart was of an old Scotch family, and of a most genial, mellow personality. She was trained at St. Thomas's in 1879 and, while there, was reported to Miss Nightingale as the most promising probationer of her class. She was Sister of a ward for four years, and then made a wider reputation by her management of the Darenth Smallpox Camp with its thousand patients and large force of nurses. In 1887, she was appointed Matron of St. Bartholomew's, succeeding Mrs. Fenwick, and died at her post of duty after twenty-four years of service, during which she stood forth as a strong tower in active furtherance of every progressive nursing movement. Mrs. Fenwick's unfailing friend and loyal ally, Miss Stewart carried on the training school with the broad, altruistic, cosmopolitan spirit which marks St. Bartholomew's nurses wherever they go. Forceful and spirited, she never for a moment compromised on any question of policy, but boldly stood forth at every turn of the struggle as a champion of democratic progress, yet so genial was she that even her

Isla Stewart

Late Matron, St. Bartholomew's Hospital
President, Matrons' Council of Great Britain and Ireland; and Councillor, International Council of Nurses



political enemies could not but be personal friends. While she lived, the nursing school of St. Bartholomew's stood for state registration, co-operation amongst nurses, professional emancipation, and the highest standards. The reactionaries waited for her death, and then brought about a reversal of her policy which must have been long planned, so suddenly was it sprung.

We lack space to speak of all that the Matrons' Council has done. Its wisdom in practical policies has been shown by the way in which it has placed itself on record, by resolutions, memorials, and requests, in every turn of public events. Its influence has been felt in every phase of nursing progress and it has unfailingly stood forth as the defender of the rights and opportunities of the great rank and file of nurses. Its aims have been high, its pronouncements sound, and it may long remain the most invigorating power in English nursing affairs. One of its seed-plantings we must record, for it is likely to flower in the near future: in 1903 the Matrons made to the authorities of Bedford College for Women the first proposal looking toward higher education for nurses on professional lines. Would that our pages were long enough to do justice to the many vigorous personalities of the Matrons' Council, who have shared in the upbuilding, labours, work and play of that splendid body! To Miss Margaret Breay, who was its honorary secretary during the twelve most strenuous years of its life,—its fighting period,—special honour is due. Her labours built up the Council. Its members are widely and well known. There is a model type of English

nurse who leads the world by the balance of her social charm, gifts of culture, and professional fibre, and she shows to the best advantage when holding position as Matron or Sister, in the cheery wards of the home-like English hospitals.

When the International Council of Women met in London, in 1899, the Matrons' Council took an active part in securing the inclusion of nursing in the programme,[1] which gave the first opportunity for an international gathering of nurses, and it was at the annual conference of the Matrons' Council in that year that Mrs. Bedford Fenwick moved that "steps be taken to organise an International Council of Nurses." From her proposal grew the union, which in ten years' time embraced nurses of nearly as many countries.[2] In 1899, also, the English Matrons began the formation of training-school leagues (alumnæ societies). The first was the League of St. Bartholomew's Hospital Certificated Nurses, founded by Miss Stewart. This was quickly followed by the League of St. John's House Nurses, the Royal South Hants Nurses' League, and others. Many of the leagues publish their own journals, maintaining them on a high plane of excellence.

The vision of a national network of nurses' societies, centring in one national committee and affiliated with the International Council, had been clear in the minds of Mrs. Fenwick and her co-workers for some time. The international con-

[1] *Reports*, International Council of Women, 1899. Professional Section.

[2] See *Reports*, International Council of Nurses, Headquarters and *Library*, 431 Oxford Street, W. London.

stitution had been so devised as to encourage national councils of self-governing nurses' societies, and in England Miss Stewart had held the honorary position which implied the international idea. This same year, 1899, saw the foundations laid, when, in October, at the Matrons' Council Mrs. Fenwick moved that the executive committee act as a provisional committee to consider the organisation of a National Council of Nurses. This was done, and a draft constitution was presented the next year, when Mrs. Fenwick made a plea on the need of a strong society of nurses founded on the constitutional principle of representative government. In 1904, Miss Stewart, as honorary vice-president of the International Council of Nurses, convened a meeting of delegates of self-governing leagues and societies to discuss organisation and international affiliation, and a provisional committee was formed until the number of nurses represented should reach 3000. In 1908, the National Council of Nurses for Great Britain and Ireland was finally perfected with fifteen affiliated societies, and the officers elected were: Mrs. Bedford Fenwick, president; Miss Christina Forrest, honorary treasurer, and Miss Beatrice Cutler, honorary secretary. Thus the chain was made complete from the individual nurse to the international group.

We return to the work for registration. Until 1902, the Matrons' Council had stood alone for this cause, and then, agreeing that the time for renewed effort was at hand, their sub-committee, on Mrs. Fenwick's motion, organised and launched the State Society for the Registration of Nurses, composed of individual

embers, in May, 1902, with Miss Louisa Steven-
n, LL.D. of Edinburgh, as president. In 1904, this
ciety secured the introduction of a Nurses' Regis-
ation Bill into the House of Commons by Dr. Far-
harson, M.P., and, at this point, the Royal British
urses' Association regained control of its machinery
d entered the field with another and similar bill. A
riod of high tension and activity now followed.

Through the instrumentality of the State Society
r Registration, a Select Committee of the House
Commons was appointed in 1904 "to consider
e expediency of providing for the Registration of
urses." After taking evidence during two years,
is committee reported to Parliament as follows:
Your Committee are agreed that it is desirable that
Register of Nurses should be kept by a Central
ody appointed by the State, and that while it is not

Louisa Stevenson, LL.D., Scotland

First President, Society for State Registration of Trained Nurses

Thus, nursing opposition was reduced to one solitary figure, the Matron of the London Hospital, and, it must be remembered, had it been but one generation earlier, hers would have been the prevailing point of view.

Whilst the Select Committee were sitting, a new counter-attack was planned, which is known as "The City Financiers' Scheme." Briefly, it was an attempt made by seven financiers of London to obtain from the Board of Trade a licence to form a society to be called "The Incorporated Society for Promoting the Higher Education of Nurses." No comment is necessary. Some of our old acquaintances were behind this, and only a gift of divination akin to "second sight" possessed by Mrs. Fenwick, and her prompt call to arms through the *British Journal of Nursing* saved British nurses from another defeat.

After the Select Committee had reported, a deputation of nurses was received by the President of the Privy Council, the Earl of Crewe, who stated his opinion that the nurses' question was one of national importance; that nurses should have place on the central body set up under any Act, and that it could not be long before the subject occupied the serious attention of Parliament. In a second deputation of "antis," the representative of the Central Hospital Council for London offered as an alternative the publication of an *Official Directory*, showing simply what experience nurses had had. Further comment on this is also needless. But this project, really a negation of all previous "anti" arguments, suddenly, in March, 1908, appeared as a bill before Parliament. No publicity whatever had been given

to it; nurses were absolutely unsuspicious of any attack from the rear. Two lines, only, in a daily paper, saying that a bill to provide for an official directory of nurses had been introduced into the House of Lords on the 18th of March by Lord Balfour of Burleigh, might well have escaped notice, but fortunately did not escape Mrs. Bedford Fenwick's vigilant eagle eye. Again an instantaneous alarm was sent forth for nurses to rally. But at that time they had no champion in the House of Lords. Mrs. Fenwick then appealed to Lord Ampthill, who, becoming keenly convinced of the justice of their claims, consented to take up for them the weapons which he has loyally used in their defence from that time on. The facts and arguments were given him, and, supported by the Marquess of Lansdowne, he pressed the bill to defeat. So once more a small group of women, with no resource but brains and belief in the justice of their cause, no motive but a sense of duty to their profession, defended themselves against a powerful group of men both in and out of Parliament, and a measure intended for the subjugation of nurses and the injury of State registration was the occasion for one of their greatest victories. Pressing home his advantage, Lord Ampthill succeeded, in the session of 1908, in passing the Nurses' Registration Act successfully through the House of Lords, but it failed to get time for consideration in the House of Commons.

The year 1909 was a notable one, as it saw the consolidation of the State registration movement. The Royal British Nurses' Association, as we have seen, had again declared itself; a bill to provide for regis-

tration in Scotland had been introduced in 1909; the Irish and Scotch nurses' associations were firm supporters of registration; the Fever Nurses' Association supported it, and the British Medical Association had three times passed affirmative resolutions. Mrs. Fenwick suggested that if all the motive power of these different societies could be concentrated in support of one bill, real progress might be made. A conference was therefore called by a conjoint letter signed on behalf of the Society for State Registration by Lord Ampthill and the Right Hon. R. C. Munro Ferguson, M.P.; by Mr. Findlay, M.P., for the Royal British Nurses, and by Lord Inverclyde and Mr. Cleland, M.P., for the Association for Promoting the Registration of Nurses in Scotland. The eminently satisfactory result of this conference was an agreement to draw up one bill which should have unanimous support. Mrs. Fenwick's motion "that the principle of forming a standing central committee for the State registration of nurses be endorsed, the committee to be formed of delegates of societies supporting the movement," was accepted and the committee was formed, uniting and harmonising all registration workers under the chairmanship of Lord Ampthill, with Dr. Goodall and Mrs. Fenwick as honorary secretaries. It is this representative and influential committee, and the important societies it represents, which are promoting the unified bill in charge of the Right Hon. R. C. Munro Ferguson, M.P., and here we leave them to their fortunes. There are those who believe that no woman's bill will seem important to the House of Commons until women are fully enfranchised, but that day cannot be far off.

One fact stands out in strong relief throughout all the history of the organisation of nursing in England, namely, that the opposition is to any form of legal status for trained nurses founded on the principle of self-government, and not to registration *per se*. This is evident from the proposal of the Hospitals' Association to found a register of trained nurses; the scheme of city financiers to make and maintain a register of persons to whom certificates of proficiency, or of training and proficiency, had been granted by their lay society, and by the proposal of the Central Hospital Council for London to found an official directory of nurses. In each of these cases the register would have been controlled by the nurses' employers, but employers have hotly opposed the establishment of any form of registration in connection with which provision was made for any degree of self-govern-

The Burial of Florence Nightingale

Her casket was carried by soldiers of the Guards which had been represented in the Crimea

By Courtesy of the *London Illustrated News* Company

still to be found working steadfastly for the desired end.

In no other country have trained nurses in their work for legal status had to contend for so many years with the misrepresentations and hostility of the non-professionally interested nursing press. If the story of the struggle for nursing organisation in the United Kingdom serves as a lesson to the nurses of other nations in showing them where their strength and weakness lie, the quarters from which opposition will inevitably arise, and the tenacity of purpose, courage, and self-sacrifice needed by those who take the work of women's organisation in hand, this chapter of nursing history will not have been written in vain.

On the 13th of August, 1910, the long and wonderful life of Miss Nightingale came to an end. By her express wish she was buried in the little churchyard at East Wellow, Hampshire, with her parents, while a whole world paid her homage.

Scotland.—Unlike England, the hospitals in Scotland cannot trace their origin back to monastic times. During the Middle Ages the convents, and those establishments connected with them, were occasionally employed for the dispensing of medicines and the reception of the sick, but at the time of the Reformation the religious houses were swept away, and it was some time before the modern hospitals and infirmaries took their place. The oldest of the great hospitals in Scotland is the Royal Infirmary of Edinburgh, which was only opened in 1729, though schools of medicine and

dispensaries for the sick poor flourished long before that date. We can trace the inception of the first Scottish hospital in an early history of the Edinburgh Royal Infirmary, from which the following quotation is taken:

> The Royal College of Physicians had attended for many years at their turns twice a week at their Hall to give advice to the poor gratis, yet they have very often had the mortification to see their advice and medicines prove unsuccessful, by their patients not having due care taken of them, and by their want of proper diet and lodging.

The interest of the public having been aroused and sufficient funds collected, a house near the college was taken and fitted up for an infirmary. "While this was being done, they agreed with a Gentlewoman to be Mistress or Housekeeper, and allowed her to hire a servant or nurse for the Patients, both (besides having reasonable wages) to be entertained in the Infirmary." The "reasonable wage" we find to have been £4, increased to £5 for the next Matron. The name of the gentlewoman engaged has been handed down in the minutes as Mrs. Nesbitt; unfortunately, her life as a Matron was a short one; she was discovered to be guilty of "great extravagancy" and dismissed for "charging more than she gave the patients."

It is interesting to note the inventory which the next Matron, Mrs. Waldie, took over from Mrs. Nesbitt: "The furniture was delivered to her conforme to Inventory, with 4½ lbs. of small candles, 1 lb. *great* candle, containing seven, about 2 carts of

coals, 6 pecks of meal and 2 pecks in bread, 4½ of groats, a peck and a half of sowing seeds, and 24 chappin[1] bottles full of ale."

Details are given in the hospital minutes of a quarrel between Mrs. Waldie and the first Resident, Robert McKinley, which gave a good deal of trouble to the managers. Mrs. Waldie was accused by him of twenty distinct misdemeanours; for example: not making the pudding according to the managers' orders (the recipe for this pudding is minuted!), keeping out six eggs and a pint of milk and substituting water; only giving two baps[2] to three patients, instead of one to each; constantly entertaining friends, and giving them tea; making the sack-whey into posset for her own use, and rough speaking to the patients. Both parties were admonished—Mrs. Waldie for speaking harshly to a patient, one Maitland, and McKinley for interfering in the housekeeping department, and encouraging complaints from servants and patients. Mrs. Waldie was completely exonerated from the charges of dishonesty, which were found to be "false and malicious."

Mrs. Waldie's story can be pretty well traced from the infirmary minutes. She was recommended to the managers by Lady Bruce, and had probably been at one time in her service, for she was accustomed to a dietary much above what a person of her station could afford (we learn she could not do without her morning and evening tea, at a time when tea was 10: a lb.). She was a widow, with at least

[1] Chappin or chopin, a Scotch measure= nearly one quart.
[2] A Scotch name for a breakfast roll.

one child dependent on her, for soon after comi
she brought her daughter into the house witho
permission; and the greater part of her time she wa
in monetary difficulties, not being able to meet he
own and her daughter's expenditure out of her smal
salary. The £5 sterling had been increased in her
second year in office to £100 Scots, *i.e.*, £8:6:8 (one
wonders why in 1734 her salary should have been
expressed in the Scotch currency, which went out of
use in 1707); Mrs. Waldie remained at her post about
twelve years, and resigned on account of the infirmi-
ties of old age. In seeking a new Matron, the
managers stipulated that she should be a person
competent to keep accounts, and they also added to
the infirmary regulations a rule to the effect that all
employees should be free from the care of children
or persons depending on them.

The temporary hospital was replaced by the old

nurses were for those patients who required constant attention—night as well as day—and patients' friends were eligible to be thus employed, with the permission of the physicians. No mention is made of night nurses, and it is probable that the average patient was not supposed to require nursing during the night.

The great principles which Miss Nightingale laid down as the groundwork of nursing many years later were not entirely unknown, for we find great stress is put on the necessity of fresh air and good ventilation. Frequent references to the nurses occur in the early reports, and they appear, on the whole, to have satisfied the standards of the day. In 1777 the "cares of the Matron, the assiduity of the ordinary nurses, and the assistance of others when the urgency of the particular cases requires them, the attention to the admission of external air," are enumerated among the circumstances "which conspire to produce the best results."

A history of the hospital published at this date includes some very explicit and amusing instructions to young physicians, concluding with the following advice:

> There is still a circumstance which, however trivial it may appear to some, is not unworthy the attention of a hospital physician: that is, to learn the dispositions of the different nurses. While one, from a natural impatience, can hardly tolerate the caprice of patients, whose bodies as well as minds are debilitated by the force of disease; another, too sympathising, may be disposed to palliate faults of patients which ought to be reported to the physician or *surgeon.* The physician by attending

to these differences will judge better how to regulate his conduct.

As time passed, the need of stricter discipline in the household made itself felt, and from the early forties in the last century, the managers had constantly under consideration the improvement of the nursing department. They increased the wages (from an old history, we learn that, in 1832, day nurses received 17: and night nurses 15: *per month*)—and added to the comfort of the nurses (the contributors remarking on the increased consumption of groceries, especially of tea, are told it is due to this cause). Stricter discipline was exercised and the Matron was relieved of the duty of superintending the nurses, a new official, "the Superintendent of Nurses," being introduced; this official was not, however, herself a nurse, neither does she appear to have been a person of education and refinement, and it is not surprising to find the managers soon again considering how to improve the nursing department, while the new official's name disappeared from the report. In 1871, the first medical superintendent, Surgeon-Major Charles H. Fasson, drew up for the managers a report on the whole nursing arrangements, and after much consultation with the Nightingale Fund Committee in London, Miss Barclay, the first trained Lady Superintendent of Nurses, was appointed and came with a party of nurses from St. Thomas's (still remembered as "the Nightingales") to remodel the nursing department on the most approved system.

There was an awakening in most of the Scottish hospitals in the early seventies; the Royal Infirmary,

Glasgow, was some years later in adopting the new system, but the Western Infirmary, established in 1874, started with a training school for nurses. In Dundee, acting on the advice of their medical superintendent, Dr. Robert Sinclair, the managers decided in 1873 to introduce the "training-school system." Dr. Sinclair had drawn up a very full report in which he classified the nursing systems into: (1) The Free Service System; (2) Nursing by Sisterhoods; (3) The Training Establishment System. He drew special attention to the bad system of night nursing then in vogue, *i.e.*, permanent night nurses, who combined the work of scrubbers and watchers, and were selected not as being capable, but because they were willing to attempt an amount of arduous labour not expected of any other class of women at a similar rate of remuneration.

The managers of the Dundee Infirmary advertised for a Matron, stipulating that "applicants must have had a regular nursing training, and be fully able to superintend and train nurses." On December 31, 1873, Mrs. Rebecca Strong, who later became so well known as a leader in Glasgow training schools, was appointed. It should not be forgotten that the Dundee managers were able to start the training school through the benefaction of a lady, Miss Jessie Graham of Kincaldrum, who left a large sum, the "Miss Jessie Graham Nursing Fund," for the purpose of improving the nursing arrangements of the infirmary. Mrs. Strong remained in Dundee until 1879, and during her tenure of office she reformed the nursing department and introduced the modern system.

The only hospital in Scotland which was nursed by a religious body was the Perth Infirmary, where the nursing was undertaken by the Protestant Evangelical Deaconesses of the Tottenham Green Hospital. This body, founded by Dr. Michael Laseron, was modelled on the lines of Kaiserswerth; the Sisters, when trained, were sent to work in all parts of the country, but remained under the central authority. Nine Sisters were sent to Perth in 1872 on the application of Dr. Stirling, a leading physician in the town who took a deep interest in the hospital. Their work is said to have been excellent. They were all ladies and had had some training; they did the nursing themselves and did not train probationers. After a little, friction arose between the managers and Dr. Laseron, the former disapproving of an *imperium in imperio*, and in 1877 Dr. Laseron took the occasion of a demand being made for nurses to go out to the Russo-Turkish war to withdraw most of the Sisters; the managers first advertised for probationers, but found the dual system did not work, and they then made fresh arrangements and appointed Miss Logan, trained at the Royal Infirmary, Edinburgh, as Matron. She is generally supposed to have been taken as his model by the poet Henley for the "Staff Nurse, New Style," in his hospital poems.

Henley, who was himself a patient for many weeks in the old Royal Infirmary, Edinburgh, has left us a picture of Mrs. Janet Porter, a fine specimen of the old school; she was employed for forty-seven years at the infirmary, and died at her post in 1890.

Mrs. Lambert, an "old style" Nurse in the Royal Infirmary, Edinburgh

Mrs. Janet Porter, for 47 years a Nurse in the Royal Infirmary, Edinburgh

Staff Nurse, Old Style

The greater masters of the commonplace,
Rembrandt and good Sir Walter—only these
Could paint her all to you; experienced ease
And antique liveliness and ponderous grace;
The sweet old roses of her sunken face;
The depth and malice of her sly grey eyes;
The broad Scots tongue, that flatters, scolds, defies;
The thick Scots wit that fells you like a mace;
These thirty years has she been nursing here,
Some of them under Syme, her hero still.
Much is she worth and even more is made of her—
Patients and students hold her very dear;
The doctors love her, tease her, use her skill;
They say "The Chief" himself is half afraid of her.

Before passing on to the modern training schools, a few words are due to the nurses of the old school as they existed prior to 1870. Much has been written against them; there is no doubt that the majority were drawn from a low stratum of society, and were women of no education and wanting in refinement, unable to find other employment, a pilfering, rough, drinking set,—the less said of such the better; but it is only an act of justice to state that among them were women of sterling character, whose records stand out the brighter for their dark setting. We have it on the testimony of those who knew the hospitals in early days that some of the nurses were skilful in their work, most faithful in the performance of their arduous duties, and earned the respect and gratitude which were their due. Dr. Sinclair, of Dundee, wrote: "The day nurses are on the whole active and intelligent women and are well informed concerning their duties."

We cannot gain a better idea of the work of the nurses of those days than by quoting from Dr Sinclair's report:

As a general rule, a large and small ward are allotted to a day and night nurse, who have charge of about thirty patients when their wards are full. The day nurses are on duty from 7 A.M., till 10 P.M. The night nurses from 10 P.M., till nearly 3 P.M. the following day. Each is allowed four hours' leave of absence once a week, and time to attend morning and afternoon service every alternate Sunday. In the morning they sweep and dust their wards, ward furniture, sculleries, water-closets, and bathrooms; they clean such patients as are unable to do so themselves; make the beds, clean utensils, change poultices, and the other dressings entrusted to them. In each division under the charge of a day and night nurse there are usually six fireplaces, which, when in operation, have to be cleaned by the night nurses. Each night

servant does the welfare of the establishment so much depend as on the Matron, and most fortunately it has happened that in no period of the history which I have investigated has there been a single fault laid to the charge of this department. On the contrary, I have seen everything to commend. . . . Little family differences there are occasionally, among so many young professional clerks; and much good sense and forbearance, I doubt not, often required on the part of the Matron.

The names of the Matrons from the opening are preserved.

A very interesting relic exists in the form of a tombstone erected in the grounds to a former Matron, Mrs. Lyle. She married the secretary, a Mr. Robert Lamond, and died within two months (July, 1856). The inscription on the stone commences:

To commemorate
the virtues and services
of a Matron of the Royal Infirmary.
This stone has been erected with the permission of
the Managers by one who loved her and mourns her death.

and a long eulogy of Mrs. Lyle follows. Needless to say she was buried elsewhere.

The Royal Infirmary did not adopt the training-school system of nursing very early. Mrs. Strong, who came from Dundee, was the first trained Matron and she was appointed in 1879. Lectures to the nurses were commenced in 1878 by Dr. J. W. Anderson and Mr. W. G. Fleming, but no systematic training was attempted before Mrs. Strong's time.

Miss Barclay, the first trained superintendent of nurses in Scotland, remained less than a year at the

Royal Infirmary, Edinburgh, and, retiring on acco[illegible] of her health, was succeeded by Miss A. L. Pring[illegible] To Miss Pringle and her assistant and successor, Mi[illegible] Spencer, are due the credit of making the Edinburg[illegible] school of nursing what it is to-day. These tw[illegible] ladies were, between them, for thirty-four years i[illegible] charge of its fortunes. Miss Pringle at the time of her appointment was still under thirty years of age, but she had already distinguished herself by the qualities which earned her the name of "the little general" in the accident ward of St. Thomas's Hospital (Old Surrey Gardens), and she brought the enthusiasm of a reformer to her task. In 1887 she returned to St. Thomas's to succeed Mrs. Wardroper, and Miss F. E. Spencer followed her in Edinburgh. The three years' standard of training was adopted in the eighties, and it has recently been changed to four years. The present Royal Infirmary was opened in 1879, and in 1892 the new Nurses' Home was added. This home was very much in advance of others of that period, and has served as a model to many hospitals. From the commencement, many medical men were warm friends of the new movement, and the name of Dr. Joseph Bell, the well-known surgeon, will always be associated with the early days of the school. He was the first lecturer to the nurses, and while on the staff he held a clinic for them in his wards every Sunday morning. He was interested in everything that affected the nurses and was a great help to the authorities in carrying out reforms. It may truly be said that the development of modern nursing in Edinburgh owes much to Dr. Bell.

In 1912 the Royal Infirmary is a training school

with a staff of 270 nurses and over 900 beds. There is a board of direction of the education and examination of nurses, and instruction, by means of lectures and classes, is given in medical, surgical and gynecological nursing, hygiene, anatomy and physiology, materia medica, pharmacy, bandaging, instruments, and sickroom cookery, each course of lectures being followed by an examination. Candidates must pass an examination in anatomy and physiology on entering, and a further preliminary examination on the expiration of the three trial months, and before signing their agreement.

The Royal Infirmary, Glasgow, is the only Scottish hospital which has instituted a preliminary training school. Mrs. Strong stated in her paper for the Congress of Nurses held in Buffalo, 1901, that Professor[1] Macewen of Glasgow University was the first to suggest to her the possibility of an organised uniform method for the technical instruction of nurses before entering hospital, and she instituted the scheme in 1893. The class work is in connection with St. Mungo's College, Glasgow. The time of training occupies three months. The pupils provide board and lodging at their own expense, and they also pay class fees. The scheme excludes all class work during the three years of training.[2] Recently the training has been lengthened to four years, and a final examination instituted.

The Western Infirmary, Glasgow, is a modern institution, and the training of nurses was kept in view from the beginning of the infirmary in 1874;

[1] Now Sir William.

[2] See *Transactions*, Int. Congress of Nurses, Buffalo, 1901.

the following year the regular course of training as started. The managers, together with the embers of the medical and surgical staff, unanious agreed that nothing less than a period of ree years could be entertained as adequate. ectures and demonstrations were given and cases pportioned to be reported by the nurses, and at the d of the three years, an examination was held. iss Clyde was then Matron. Dr. Mackintosh, e well-known hospital expert, became medical perintendent in 1892. Since then the training hool has made rapid progress, and, in 1898, the riod of training was extended to four years. At esent the courses of lectures on medical and surcal nursing are given by members of the medical d surgical staff, Matron and Assistant Matrons. ne of the medical electricians lectures on X-ray

in internal structure, management, and nursing in a thoroughly unsatisfactory state. The pioneer of modern nursing in the North was Miss Rachel Frances Lumsden, an Aberdeen lady, who had trained in various hospitals in London and worked under the Sisters of St. John. In 1877 she was largely instrumental in founding the Royal Aberdeen Hospital for Sick Children, and for some years after its establishment she acted as honorary superintendent. In 1885 the state of the Royal Infirmary urgently demanded reformation, and the directors, recognising the value of Miss Lumsden's work, requested her to undertake this difficult task. In accepting as honorary superintendent she made it a *sine qua non* that she should have undivided authority, no medical superintendent being appointed (as is usual in the larger Scottish hospitals), and she filled the post of both superintendent and superintendent of nurses for twelve years. During this period the three years' training for nurses was established, and the infirmary became a training school of recognised excellence. Miss Lumsden resigned in 1897. A large ward in one of the new pavilions, named for her, testifies to the value placed upon her work by the directors. She was one of the leading members in Scotland of the Royal British Nurses' Association. In 1891 she was appointed by the late Queen Victoria a member of the Council of the Scottish Board of the Queen Victoria Jubilee Institute of Nurses, and it was mainly due to her endeavours and those of her sister that district nursing was introduced into Aberdeen and the surrounding country. Her sister, Miss

Katharine Lumsden, succeeded her as honorary superintendent at the Children's Hospital, where she gave her services for sixteen years.

The "lady probationer" was never a feature of Scottish hospital life, and the schools are genuinely democratic, candidates, provided they are well educated and have natural refinement, being accepted from all ranks and classes of society, and nurses are salaried from the commencement of training. None of the hospitals has private nursing institutions attached. The hospitals are essentially training schools, and, when qualified, the pupil goes out to make her own way. There are many co-operations of nurses in the country, and one or two institutions still survive which were established in early days to train and send out private nurses.

Nursing under the Local Government Board.—

institution commenced in 1892. Lectures were given by the medical staff for several months in the year, and the period of training was for two years. In 1894, the Parochial Board of Glasgow City Parish agreed, at the request of the nurses themselves, that the period of training should be extended to three years, and a certificate bearing the name of the hospital was granted on the completion of training.

There are now several large poorhouse hospitals under the Glasgow Parochial Board and all have training schools attached, where an excellent training is given. Since May, 1907, all qualifying examinations are conducted by the Local Government Board, under their scheme. A candidate must pass a preliminary examination in general education, unless she holds the leaving certificate from school. Lectures are given by the medical staff and the Matron for seven months each year, and embrace the usual subjects, plus midwifery. The full course of training is three years. At the end of two years, a nurse who has passed in two subjects in the Local Government Board examination, and has been satisfactory in her work, is entered as a trained nurse on the roll of the board; but she cannot receive the special certificate until after passing her examination in the four subjects and completing three years' training. Outside Glasgow, a few only of the poorhouse hospitals attempt to train probationers; the others—including those in Edinburgh—employ only trained nurses, who must be qualified for the L. G. B. roll.

The erection of separate hospitals for fever patients is of recent date in Scotland. Formerly all fever

cases were treated in the general infirmaries,—with the exception of pauper cases, which were sent to the fever wards of the poorhouses. Glasgow was the first city where the Town Council undertook the duty of dealing with infectious diseases, and in the "sixties" a fever hospital was opened in Parliamentary Road. Shortly after, the Belvidere estate was bought and a hospital of wooden pavilions erected, these being gradually replaced by the fine modern buildings constituting the present City of Glasgow Fever Hospital. In connection with fever nursing Mrs. Sinclair's name stands out prominently as the pioneer in Scotland in this branch of nursing. She was herself trained in Liverpool, and, after some experience in charge of the fever wards at Barnhill poorhouse, she became Matron of Belvidere in 1875, and remained in office for thirty years. She found the conditions for nurses much the same as those in the general infirmaries a few years earlier, but the nurses were of an even lower class, for service in a fever hospital was regarded as a dangerous duty.

Mrs. Sinclair had a very uphill task,—all reforms cost money, and expenditure had to be kept as low as possible; but she was unwearying, and after years of persistent application accomplished all she desired. She began by introducing probationers, and soon attracted a better class of women to train, who helped by their example to stamp out the old abuses. She next improved the conditions for the nurses, and by degrees got proper accommodation, and raised the general standard of living. She was greatly helped by the medical superintendent, Dr. Allan, who in-

terested himself in the training of the nurses, lectured to them, and wrote a text book for them (*Notes on Fever Nursing*).

Mrs. Sinclair modelled the nursing department on the lines of a general hospital; she instituted a three years' course of training, and believed in training her own nurses and putting them in charge of wards when certificated. This has been copied in the majority of the Scottish fever hospitals. In most of them probationers are engaged for three years. Lectures and classes are held, and ward instruction given, and certificates granted on the completion of the engagement. In most cases now the Matron is a fully-trained nurse, and the ward Sisters must hold a certificate for general as well as fever work. Recently the Local Government Board decided to institute regular examinations for fever nurses, and to grant certificates similar to those now given to nurses trained in Poor Law hospitals. The scheme is entirely voluntary; it has been started in the belief that it will be of material benefit to the local authorities and to nurses trained in fever hospitals.

Sanatorium Nursing.—Scotland has been a pioneer in the nursing of tuberculosis, and the Royal Victoria Hospital for Consumption, Edinburgh, was one of the earliest institutions for open-air treatment in the kingdom. From a very small beginning in 1894, it is now an excellent example of the most modern type, where nursing is carried out on strictly scientific principles, and it has served as a school for nurses from all parts. Nurses residing in the hospital have also the advantage of studying the tuberculosis dis-

pensary system and visiting the patients in th
own houses. The "Edinburgh system" of d
pensary work has gained a European fame. Ma
foreigners visit the institution.

Mental Nursing.—Hospital trained nurses we
first appointed as Matrons in asylums about t
year 1894, when Miss Berwick was appointed
Murthly and Miss Irvine to the Dundee Roy
Asylum; both these ladies had previously held pos
as Sisters in general hospitals. At the present da
there is scarcely an asylum in Scotland in which th
Matron is not a trained nurse. In most of the larg
ones the Assistant Matrons (to the number of s
or seven), as well as the nurses in charge of th
male and female hospitals, have also received gener
training. Dr. Robertson, formerly medical supe
intendent at Larbert and at present at the Roy
Asylum, Edinburgh, has been one of the most acti
advocates of general-trained nurses in asylums, ar
for many years he has employed them in increasi
numbers. Hospital-trained Sisters at the head
mental wards have proved a great benefit to nurs
and patients alike, and better discipline and superi
nursing have followed on reliable supervision. Th
status and training of the asylum attendants ha
improved of late years. They are encouraged
become well instructed and competent in their ov
branch of nursing, and the majority enter for th
examination of the Medico-Psychological Associ
tion. Many later complete their training in gener
hospitals.

Midwifery.—There are several good centres f
obstetrical training in Scotland. With the excepti

of Dundee, none of the voluntary hospitals has maternity wards attached, and nurses must take the course at special hospitals. The training is on the same lines as in England, and pupils are prepared for the examinations of the Central Midwives' Board, but as the Midwives' Act of 1902 does not apply to Scotland, they have to go to England for examination. At the time the act was framed, medical men did not see the need for such a measure, and opposed it being extended to Scotland. Since then, medical opinion has changed, and it is probable that when the new act is framed, Scotland will be included.

Nursing organisation is still in its infancy north of the Tweed. The Royal British Nurses' Association never received wide recognition in Scotland, and it is only since 1907 that the movement for state registration of nurses has found anything like general support, though there is now a growing feeling in its favour, and two Scottish Associations are represented on the Central Committee for the State Registration of Nurses in London. The apathy in the past was probably due to there being few pressing grievances, and Scottish nurses were slow to recognise the benefits of registration. The conditions of work have been good, and the field not yet over-crowded, nor exploited to any great extent by the untrained or partially-trained nurse. Nurses have been chiefly drawn from a few large hospitals of recognised excellence, and this together with the early and general acceptance of the three-years' standard has given them a good professional status.

Since the beginning of the present century many developments have taken place. We see small local

hospitals multiplying in all directions, and the speci[illegible] hospitals increasing in importance, and, in order [illegible] improve their status and attract probationers, th[illegible] offer training and grant certificates. The Loc[illegible] Government Board has instituted examinations a[illegible] certificates for fever nurses; the asylums are anxio[illegible] to improve their standards, and they prepare the[illegible] nurses for the examinations of the Medico-Psych[illegible]ological Association. Each is striving after excelle[illegible] in its own branch. But the result for the public is very confusing; without any fixed standard, it is impossible for them to appreciate the true value of the various trainings, and there is no authoritative definition of the term "trained nurse" to guide them. The need of a central controlling expert body is gradually making itself widely felt, and the principle of state registration is becoming generally accepted.

Ireland.—The tradition of Irish hospitals and nursing extends far back, almost to prehistoric times. In the heroic cycle of Finn and his Fianna, we read of warriors covered with wounds and glory being carried back to the camp, where they were met by bands of women, trained to nurse the wounded; how these took charge of the wounded heroes, and how, after a time, by the skill of the physicians and the care of the women, who "built them for battle once more," they were restored to health and vigour. In the Brehon laws we find directions for the erection of hospitals: "A hospital was to be built by every camp—it was to be opened to the North, the South, the East and the West—there was always to be a stream of running water flowing through the hospital."

That Ireland early attained an advanced degree of culture is matter of common knowledge, and the part taken by Irish missionaries in civilising central European countries has already been mentioned in connection with early hospitals.[1] The foundation of the earliest hospitals, even in France, is in many cases attributed to Irish monks.[2] Nursing by religious orders dates as far back as the end of the fifth century, when the famous St. Brigid and her nuns attended the sick. As time went on almost every convent and monastery had its hospital and infirmarium. In the fourteenth and fifteenth centuries, we find many accounts of hospitals attached to convents and monasteries: the Knights Templar alone had eight, while each had their special rules regarding the nursing of the sick. In succeeding centuries, the history of the religious orders and of their work is difficult to trace; this being at first due to their precarious existence in times of foreign invasion, and later to the prejudices and bigotry engendered by religious strife.

As forerunners of modern municipal hospitals there were, in mediæval times, the Hospital of St. Stephen, the Styne (13th century), and Allen's (16th century), which provided in some measure for the sick poor. The eighteenth century saw the foundation of many municipal hospitals. That in Jervis Street was founded in 1718 by six surgeons in a small house, and then moved to the present site. The Steevens's dates from 1721. It is one of the most interesting of Irish hospitals, with an old-time and

[1] *A History of Nursing*, Vol. I.
[2] A Catholic Dictionary, Art. Charity.

nified, almost human, personality. The portr
s foundress, old Madam Steevens, who lived
uring her lifetime, hangs upon the wall of t
rd room, adding to the atmosphere of distincti
pervades it. Mercer's was founded in 17
pying the site of the old St. Stephen, and t
unda and Sir Patrick Dun's followed lat
le up-to-date wards, new operating rooms, a
r modern requirements have been fitted on
e of the Dublin hospitals that were built a cent
they retain to a great extent their original asp
reat solidity, beautiful, old-fashioned archite
features wrought with cunning craftsmansh
a certain stateliness. The rich strong colours
h their immense corridors and wards, too, a
ted—Indian and Pompeian reds and deep wa
s and browns harmonising perfectly with t

continuous progress in method and scope. In 1829, the penal laws by which Roman Catholics were forbidden to hold property, and by which they endured many other disabilities, were repealed. Six years later, Mary Aikenhead, foundress of the Irish Sisters of Charity, established St. Vincent's Hospital in Dublin, the urgent need of such an institution having been made plain to her in the course of her ministrations amongst the sick and poor of the city. A sum of money given to her by Sister M. O'Ferrall enabled her to buy one of the fine Georgian mansions in St. Stephen's Green, which had been the town residence of the Earl of Meath, and there open a ward for twelve women. Before the end of the year, two more wards were ready. Then followed one for men; in 1841 and 1858, still others were opened, the adjoining mansion of the Earl of Westmeath having been acquired. After these came a laundry, mortuary chapel, pathological laboratory, better accommodation for the medical and nursing staff, and in 1909 a modern theatre, the beds then numbering more than one hundred and fifty. The hospital is a school of medicine and its pathological laboratory and children's ward were the first in the city.

The nursing institute of the order dates as far back as the year 1833, when the far-seeing foundress sent four Sisters to the Hôpital de la Pitié in Paris, where they underwent a course of instruction in the system of nursing then in force. On their return they devoted themselves to nursing the sick in the wards and to instructing others in the practice of nursing. It may therefore be said that the Sisters of Charity were the pioneers in Ireland in the movement per-

fected by Miss Nightingale, who had herself learned much from their order in Paris. This system continued until 1892, when, owing to the increasing demand on the part of the poor for admission to the hospital, and the limited number of the Sisters engaged in nursing, they began the training-school work to which we shall presently return.

The order of the Sisters of Mercy, founded in Dublin, in 1831, early attained brilliant prestige in nursing. Its foundress, Mother Catherine McAuley (born in 1787; died in 1841), was a beautiful, benign, and highly cultured woman of great gifts for leadership. From this order went, in all, sixteen nuns to the Crimean hospitals, one or two of whom outlived Miss Nightingale. The Sisters unite the contemplative and the active life, and, though they take perpetual vows, maintain a vivacious and unaffected intercourse with those of the laity to whom their work relates them. They must have had hospital training at an early date, for they had skilled nurses when the Crimean War broke out, and in that same year, 1854, we find them taking over the nursing in the Jervis Street Hospital, while in 1857 they assumed that in the Mercy, of Cork, under Mother Josephine Ward. It was housed in a substantial old mansion, once the mayor's residence. In the early years the Sisters lived in it, but later had a small house given them for their own use.

In 1867, the Sisters of Charity again took up the thread of history, when four Sisters arrived in Cork to take charge of the North Infirmary. Here there was room for about sixty patients. The accommodation was very restricted and the necessary equip-

ment for an institution of the kind was quite lacking. The Sisters were much troubled with the state of affairs, and made many efforts to prevail on the administration to improve matters; their attempts for a long time met with no result:—"No funds" and "After all it is good enough for the poor." This attitude was far from satisfying the Sisters; indeed, it only increased their zeal and strengthened their determination to make a trial of other means. Without disclosing their project, they contrived to interest the ladies who contributed clothes for the sick, and among them was collected a small sum of money with which the Sisters renovated and improved one of the wards. In 1893, a lady bequeathed a large legacy to the infirmary, in memory of her father, formerly one of the medical staff. This sum provided a new building. From 1867 to 1895, the nursing was performed entirely by the Sisters.

The first impetus towards modern professional nursing seems to have come from the Institution for Training Nurses, founded about 1866 by the efforts of Archbishop Trench and his wife, once intimately associated with Dr. Todd, who had done so much to establish the connection between the nursing of King's College Hospital and the St. John's Sisters. An extract from an early prospectus of the institution gives its aims:

> It is well known that much difficulty is found in obtaining nurses properly qualified to attend on patients in hospitals and in private families, especially those of the middle classes and of the poor. The only remedy for this evil seems to be to raise up a better class of nurses who will undertake their work with a sense of duty. It

efore proposed to establish, on a very small sc[redacted]le
ing institution for nurses, similar to those wh[redacted]ch
een found so successful in London and elsewhe[redacted]re.
ntended to provide a house or lodging near [redacted]he
l, capable of accommodating the Lady Sup[redacted]er-
nt and eight nurses. . . .

committee of the training institution had [redacted]al-
at the instance of the late Professor Haught[redacted]n,
ached the governors of Sir Patrick Dun's H[redacted]os-
vith the request that the nursing in its wa[redacted]ds
ced in charge of the institution. The govern[redacted]rs
d the offer on the ground that there was at [redacted]he
no room to place at the disposal of the la[redacted]dy
ntendent. In February, 1866, the commit[redacted]ee
ached the governors of Madam Steevens's wi[redacted]th
lar request. The application was referred [redacted]by
vernors to the medical officers for considerati[redacted]on

h as that in June, 1788: "Ordered that Jane ith, otherwise Brown, the nurse, be discharged drunkenness and neglect of duty immediately." nurses, too, seem to have been allowed to live in hospital with their families, and this, on more than occasion, led to difficulties in management. Some hese women appear, however, to have served well faithfully, as for instance one Frances Kane, who 784 was put on the allowance of the house "after nty-four years' faithful service as one of the sekeepers." Efforts had been made by the gov- ors at various times to reform some of the abuses nected with the nursing; thus, in 1842, stringent s were drawn up for the regulation of the nurses, first of which was—"That all nurses shall be able ead and write." This previously had not been sidered essential, and there are many receipts for ges which are signed simply by the nurses' "mark." uch were some of the conditions with which Miss tty, the first lady superintendent of the Training titution had to contend, when in August, 1866, began her duties in the male surgical ward in evens's Hospital. Miss Beatty (of whom little is own except that she was trained at Netley) had ler her a head nurse (trained) and two probation- . With this modest staff she set to work and, to ote the *Medical Press and Circular* for August, 6:

n a very short time a complete new face was put on tters. There are twenty-eight beds in the ward, and se are constantly filled with every variety of accident d surgical disease, so that the labour in such a ward immense; before attending to their surgical wants,

cleanliness was to be considered, and here a good deal of prejudice had to be overcome; some actually rebelled against having their faces and hands washed; others insisted in refusing sheets, and lying in blankets; while a sturdy few objected to having their morning smoke in bed discontinued; the razor and the scissors were put into requisition, and before noon a complete metamorphosis had taken place. It is refreshing to see the unostentatious quiet way in which everything was done; no hurry, as might have been expected from beginners; any commands given by the surgeons were accurately and immediately attended to; in fact, everything showed that the system was under judicious management. Although little more than a week has passed since its commencement, a visible and real change for the better has taken place; and it was at once apparent that the faults under the old régime were to be attributed rather to ignorance and want of direction than carelessness.

Unfortunately, though perhaps naturally, there seems to have been considerable and increasing friction between the old and new systems—the result being that at the end of about six months the connection between Steevens's and the Nurses' Training Institute was terminated, and the nursing arrangements of the hospital appear to have returned very much to their former condition. But before continuing to trace the fortunes of the Institute we will follow the course of events in Steevens's to which it had given direction. Though unable to retain its services, both governors and medical officers grew more and more dissatisfied after seeing its example set, and many endeavours were made to introduce order and system, either by the appointment of suitable matrons or the framing of rules

The medical staff seem to have had a clearer idea of what was wrong than the governors, for in 1878 they submitted to the latter the following unusually sensible report:

> The defective state of the nursing arrangements in the hospital has for a considerable time attracted the serious attention of the medical staff and has often been discussed by them. Although the more serious defects have, from time to time, been remedied on application to the Matron, yet the same irregularities have so frequently recurred that the medical committee have, with the knowledge and concurrence of the Matron, considered it their duty to consider the whole question of the nursing arrangements and their relation to the other administrative departments of the hospital. . . . The committee find that the nurses are really employed as such, and many of them are very efficient, and all of them appear well intentioned and willing to discharge their duties, but some of them seem unable to do all that should be done as nurses. The wardmaids are supposed to do double duty as assistant nurses and scrubbers, which the committee considers a most undesirable arrangement. The duties of assistant nurse and scrubber are quite inconsistent with one another and should be discharged by different classes of persons.

Nearly a year later the governors appointed a trained nurse as lady superintendent of nurses, a post separate from that of Matron. The lady they selected was Miss Franks, a Nightingale nurse, who came direct from St. Thomas's. She was placed in charge of the old nurses or attendants of the hospital, and in 1880 was authorised to engage a trained nurse as assistant. During the three or more years that

she remained at the Steevens's, the training school that she developed, in conjunction with a ladies' committee, was the first in which Roman Catholic lay nurses were trained,—taking precedence of those established by Lady O'Hagan in England or the Marchioness of Bute in Scotland for training lay pupils of the Catholic religion. But still the machinery did not run smoothly; the lady superintendent was changed several times, her relation to the Matron being one that is always unsatisfactory; or perhaps the governors did not care for the ladies' committee, for in 1890 a committee appointed to recommend a method of remodelling the nursing service reported that the time has come when the hospital should organise a training system of its own, providing accommodation on the premises for the probationers while training, and utilising them, when trained, both in the hospital and in private nursing outside. The period of training to be two years, one year as probationer and one year as assistant nurse; examinations to be passed each year in practical and theoretical work; a certificate or diploma as a qualified nurse to be granted on satisfactorily passing the second examination.

Three years later the nursing was still not satisfactory, being expensive and inefficient. The lady superintendent sent in her resignation, and Miss B. M. Kelly was elected to the post. Miss Kelly is a fascinating and capable woman of strong personality and great energy. Under her hand the school has attained an important place and prestige. Before taking it she had had the distinction of being chosen as the first secular Matron of a training school under religious Sisters.

After the separation from Steevens's the committee of the Training Institution again applied to the governors of Sir Patrick Dun's, and now their offer was accepted. This hospital had been opened in 1808, after a long legal dispute over Sir Patrick Dun's property, and has had a notable record in the treatment of typhus fever, over ten thousand such cases having been brought into its wards during the famine years of 1826, 1828, 1846, and 1849. The Bye-Laws, printed when the hospital was opened, contain the usual quaint instructions for the Matron and nurses with which we have become familiar, but it is worthy of note that they order windows to be freely opened and the air to be kept fresh in the wards,—directions very unusual at the beginning of the last century. In 1867, surgical and midwifery wards were opened, and as it was in this year too that the nursing was entrusted to the Training Institution, it is an important one in the annals of the hospital. The connection thus begun continued until 1883, when the governors considered that it was time to train their own probationers. The year 1884 saw the appointment of Miss Huxley as Matron and Lady Superintendent and under her management the nurses' training school took rank among the first in the country.

Miss Margaret Huxley, niece of the famous Huxley and daughter of one of equal loftiness of character, is one of that remarkably able group of women who gathered at St. Bartholomew's when Mrs. Fenwick was Matron there, and who afterwards carried the standards of their profession high in the forefront of progress wherever they went. She came to Dublin

in 1883 as Matron of the National Eye and Ear Infirmary, and in 1884 accepted the call to Dun's, where she worked without intermission until 1902—in her own words:

steady, plodding hard work, no heroics of any sort, merely constant hard work. Before my advent there had been a Miss Johnston and a Miss Turner, both of whom, in some measure, prepared the ground for me. In those nineteen years I had the honour of training many excellent women, who afterwards worked in various parts of the world. My greatest reward has been their good work and their appreciation of my method of training them . . . at most all that can be said is, I gave honest work and full measure. . . .

On leaving training-school work, Miss Huxley devoted herself to "Elpis," a private hospital of the most peaceful and comforting excellence, with Mrs. Frances E. Manning, who had been trained at Dun's, as her co-worker. Her successor in the hospital, Miss Louisa V. Haughton, initiated the first preliminary training course in Dublin in 1905. It is six weeks long and has proved very satisfactory.

Numerous other hospitals made place for the modern system and ideals in the late decades of the century. Two of the early Irish-born and Irish trained Matrons were sisters, Ellinor and Bessie Lyons, trained at the Meath Hospital, both of whom took Matrons' posts in 1884, Ellinor in her alma mater and Bessie in the National Children's in Dublin. In 1888, the Adelaide appointed a nursing committee to bring about reforms, and as a result of its activity a trained superintendent of nurses was

installed. In 1888, too, the allied hospitals Richmond, Whitworth, and Hardwick set their house in order under the vigorous management of Miss Annie MacDonnell, who had been one of Miss Huxley's first pupils. Miss MacDonnell's career was long and honourable. She served with distinction for twenty-one years in her hospital post, leaving it temporarily for the superintendency of the Irish hospital in the South African War, where she was decorated with the Royal Red Cross. She has been one of the strong figures in upbuilding work at home, as her sister was in India. The training of those pioneers was excellent, of the kind that develops character, nor was the intellectual side lacking, for the most eminent of medical men poured out lavishly for them all the treasures of their knowledge.

The Rotunda Lying-In, the most famous hospital perhaps of its kind, was founded in 1745, and until 1878 had the old style of nursing, yet not the worst Gamp type, for most of the women, though often illiterate, were well-intentioned and many became careful and experienced nurses. To the tact and patience of Dr. Atthill, who was elected Master of the Rotunda in 1878, were due the initial reforms. In his book, *Recollections of an Irish Doctor*, may be found entertaining details of his reconstructive work. Finally, in 1891, a trained superintendent of nurses was appointed, Miss Sara Hampson, who had been one of the first group of Nightingale nurses trained at St. Thomas's. She was an extremely able woman, of wide general knowledge, to whom the reorganisation of the Rotunda on modern lines is due. She gradually introduced perfected methods, and as

vacancies occurred on the staff filled them with nurses having had general training in addition to midwifery.

Dublin has two other lying-in hospitals, the Coombe, founded in 1826, and the National Maternity, dating from 1894. Both have midwifery training schools.

It is impossible in a short account to trace the evolution of modern nursing in all the hospitals in Dublin. But others were not far behind those described in opening training institutions similar to the original ones so long associated with the name of Archbishop Trench. The Red Cross Sisters, founded in 1884, nursed in the wards of the Meath and the National Children's hospitals. In 1894, the governors of the former severed their connection with the Red Cross Nursing Sisters, and their probationers now work one year in the National Children's and three in the General Hospital, Birmingham. Similarly the City of Dublin Nursing Institution formerly supplied the City of Dublin and Mercer's hospitals with nurses. The former did not train its own nurses until 1900, nor the latter until February, 1911.

We return to take up more in detail the training-school work of the Catholic orders. This extension of the Sisters' labours forms a unique phase in their long history. It brings them into close and direct relation with the modern nursing movement and the scientific outlook of modern medicine, knits common interests between the convent Sister and the self-supporting nurse in the world, and brings harmony, mutual interest, and regard where before there were wide separation and complete absence of acquaintanceship. Now, united by common labour

In St. Vincent's Hospital

the trained religious nursing Sister and her secular probationers and graduates travel together toward the same goal, each adding something to the other's ideal of a common profession.

The pioneer training school for lay nurses under the auspices of Irish nuns was that opened by the Sisters of Mercy in 1891, in Jervis Street, Dublin. The foundress of the school was Sister Mary Scholastica, who for many years had been Mother Superior, and the nurse whom she appointed as the first to start training-school work in a nun's hospital was, as we have seen, Miss Kelly. Sister Mary Scholastica lived until 1908 to see the success of her work. In that year the hospital suffered a grievous double loss in her death and that of Mr. Charles Kennedy, whose long life had been devoted to its upbuilding.

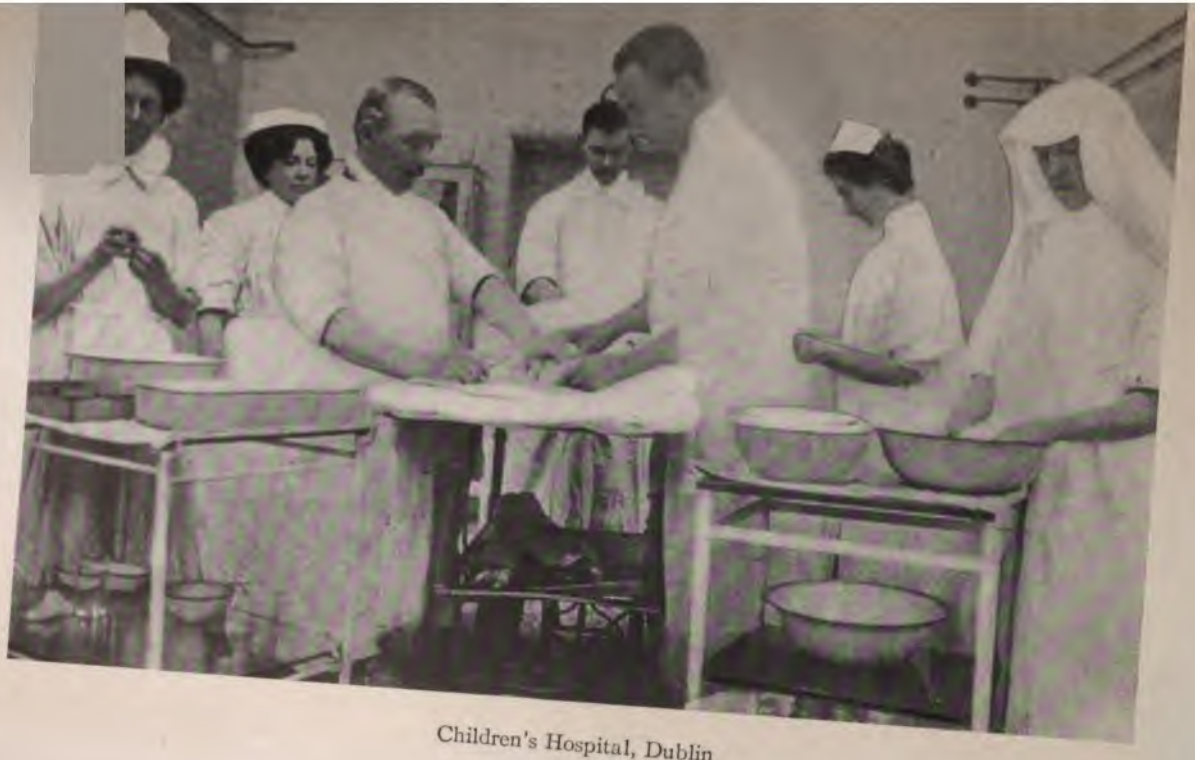
Next was the school of the Sisters of Charity, opened in 1892 in St. Vincent's, Dublin. Here the order has an extensive and beautiful establishment combined of old buildings and new, into which have been set several historic mansions whose architectural charms bring many artists to their doors. The contrast between these old palaces, with their gardens, and the new, immaculate operating theatres and laboratories is a quaint and unusual one. The Sisters themselves undergo training, and during this time they discard their woollen habits and wear linen dresses. The nursing staff of the hospital consists of Sisters of Charity, fully trained, who have attended the lectures and passed the examinations qualifying them to register, should the sought-for nurse registration act become law; secular qualified nurses for "staff" or "senior" work, who have completed

a period of at least two years in the wards; and probationers. A trained Matron supervises the nurses by day and an assistant Matron by night. The training of probationers receives the strictest attention. They serve for fixed periods under supervision in medical and surgical wards, as required by the programme for state examination, receive practical lessons in domestic science as applied in the care of the sick, and attend regular courses of lectures on anatomy, physiology, hygiene, medical and surgical nursing. Preliminary and final examinations must be satisfactorily passed before they receive the certificate of the institute, the entire service lasting four years.

In 1906, a co-operative bureau was opened for those nurses who, having completed their full four years' course, desired to remain connected with the hospital, and the nurses have shown their appreciation of this advantage by joining the co-operative staff in large numbers.

St. Vincent's carries on an active social service department in connection with its out-patient work.

Training schools were also opened by the Sisters of Charity in 1892 in the Children's Hospital, Dublin, now in Temple Street, and in 1895 in the North Infirmary in Cork with Sister Angela as Matron. The former has had a stirring history of persevering growth since its foundation in 1872. First managed by private individuals as an infirmary, it was confided in 1876 to the Sisters, who received it in debt, with a leaking roof, and no beds wherein they could slee So low was the exchequer that one day the Moth Superior had only three bad half-pence in her purse.



Children's Hospital, Dublin

But the doctors and patients had met the Sisters with such warm welcome that difficulties were laughed at. A new building with grounds was finally secured, but before it was ready the old house had to be vacated.

The Sisters had to settle in the stables, leaving the undisputed possession of the dwelling house to the workmen by day. But as the men retired in the evening, the Sisters established themselves in their places, and having barred the doors and windows with any furniture or planks about the place, went to bed. They lived in sawdust and confusion, dealt in generalities, and left the inner details of housekeeping to Providence. [Report for 1911].

A lady superintendent now directs the school, and each ward is in charge of a trained Sister of Charity, who takes part in all the work, including that of the operating theatre, and assists in the training of nurses.

We followed the Sisters of Mercy to the Jervis Street Hospital in Dublin, and to the Mercy, in Cork. They have also developed training-school work in the Mater Misericordiæ, Dublin, the Mater Infirmorum, Belfast, and the South Charitable Infirmary, Cork. The Mercy Sisters have charge, too, of many county and union hospitals, such as Sligo and Castlerea, but in these the nuns do not train nurses. In the Mercy, at Cork, trained and certificated Sisters, in whose professional preparation no omissions are to be found, perform all the nursing and theatre work, assisted by lay nurses, both working harmoniously together and animated by the common desire to

build up and strengthen the institution. Sisters and nurses alike wear white uniforms at all operations, the Sisters assist at all, and offer ready and complete fulfilment of medical and surgical orders. Their work has been commented on as having been brought to the highest point of modern perfection. The hospital was recognised in 1911 as a medical teaching centre by the Senate of the Dublin University, and also as a school for nurses according to the requirements of the Local Government Board, but still more significant and interesting from the nursing point of view is it to know that efforts are being put forth to make this a central teaching institution where Sisters of various orders may come to obtain certificates as trained nurses. A special part of the house is to be set apart for this central school, and "every effort made to supply a long-felt want by giving the members of religious bodies full facilities for instruction in all the minutiæ of scientific nursing."[1]

The Mater Misericordiæ, Dublin, opened for patients by the Mercy Sisters in 1861, has grown from forty to three hundred and sixty beds; and from the first six trained Sisters a large staff and a lay training school, opened in 1891, have developed. The Mater is a noble set of buildings in the classic style and is peculiarly dear to the hearts of Irishmen. It is said that the funds for building it were largely gathered as a memorial to Mary Mother Aloysius after the Crimean War, in recognition of her wonderful services there, and that she donated it immediately for a hospital. Mother Mary, who thus appears as the foundress of the Mater, lived to be one of the last of

[1] *Report of Mercy Hospital, Cork*, 1910.

the band of sixteen. England only recognised her war nursing in 1897, when Queen Victoria summoned her to Windsor to be decorated, but she was then too aged to take the journey, so the Royal Red Cross was sent to her. She died in 1908 in her ninety-fifth year.

The wards of the Mater were filled with smallpox cases in 1866 and again in 1872, when the disease was epidemic, and the Sisters, in whose hands its entire management lies, have had their full share of active service. In 1911, the hospital celebrated its Golden Jubilee with great popular tributes of affection.

In the year 1883, the old Mater Infirmorum, in Belfast, was founded. Being conveniently situated beside St. Paul's Convent, it was given in charge of the Sisters of Mercy. In the hands of the Sisters, the financial department, a very important one in the management of the hospital, has been an uninterrupted success, and also the watchful and careful nursing—the Sisters being now skilled experts in the art—produced results equally gratifying.

Before the hospital had been long open the demand for admission to its wards became so numerous that the Sisters were obliged to refuse many deserving cases. This state of things they deplored and made urgent appeals to have it remedied—appeals not made in vain. In the year 1902, the new Mater Infirmorum was opened. It is designed on the pavilion system, and took as its model the Mater Misericordiæ of Dublin. Arrangements were made for the training of nurses on the most approved methods, and on the 17th of February, 1902, a new school was opened, known as St. Philomena's Training School

for Nurses. To organise it came a Nightingale nur of unusual ability and talents, Miss Pringle, whc Miss Nightingale had once called "a regular general and who had previously occupied the post of Matr in St. Thomas's and in the Edinburgh Infirmar The new undertaking was an arduous one, and M Pringle gave five years to it. Miss May, an Englis woman, succeeded her, and followed closely on h methods. In 1909, Miss Hannan, an Irish wom trained in St. Vincent's, Dublin, was appoint Matron. She is a very progressive woman, an a vocate of a three years' course of nursing in t wards and six months' fever training; a great te perance advocate, a believer in state registratic and she has succeeded in making the Mother Superi (who, like the Sisters, is a trained and certificat nurse) and nearly all her nurses state registrationi also. She looks forward hopefully to the day wh a nurses' registration bill shall be passed for Gre Britain and Ireland.

One of the most important centres of nursing und the Mercy Sisters is the South Charitable Infirma and County Hospital, Cork. The infirmary w established in 1773, and Miss Franklin was me tioned as Matron in 1870. Some years later the Ci of Dublin Nursing Institute became responsible f the nursing, terminating its connection in 1891. number of changes took place, in the midst of whi Miss Franklin, who had been for forty years in t infirmary, died, while other Matrons came a went. Finally, the trustees decided to select o from a religious order, and Sister Mary Albe Fogarty, of the Mercy order, St. Marie's of the Is

was placed at the head of the nursing department, with several assistant Sisters. All of them held nursing certificates, and had as well the skill in household arts in which the religious orders have always excelled. Sister M. Albeus and her staff brought much needed order and comfort into the place, where at first their own quarters were very restricted. Soon after taking charge, Sister M. Albeus suggested to the nursing committee an alteration of the bye-laws, and was authorised to revise them as she found best. Her new scheme, on being presented, was unanimously adopted and is still in force. In it the position of the Matron as head of the nursing department was definitely recognised and her powers clearly defined. The nursing staff has increased steadily; in 1902 numbering thirty-six, eight years later fifty-two. The nurses are of all religious denominations. A high standard of education is demanded of probationers, and their training includes service in the North Fever Hospital and the House of Recovery, where salaried members of the South Infirmary nursing staff direct the pupil nurses. Lectures are given by Sister M. Albeus and the members of the medical staff and house men. The Charge Sisters (head nurses) teach the practical work. The greatest friendliness exists between the religious Sisters and the nursing staff; there is perfect harmony amongst them, their one aim being the well-being of the institution and of the sick and suffering. The medical and surgical staff, appreciating the results of skilful management, are ready in acknowledgment of Sister M. Albeus's great interest in all details relating to the patients' care, and her will-

gness to assist the staff in all matters connected ith the welfare of the hospital, while the nurses ork excellently in an atmosphere of ready service.

Among all her other responsibilities, Sister M. lbeus is an armed and loyal ally in the conflict with arliament over the nurses' registration act. She a member of the Matrons' Council of Great Britain nd Ireland, one of the executive committee of the rish Nurses' Association, and frequently lends her ame and gives her time to committee work on edu- ational and professional matters.

THE CITY OF DUBLIN NURSING INSTITUTION

To understand the unique position which this In- itution has occupied in the evolution of trained ursing in Ireland, since its foundation in 1884, one ust recall the conditions under which Dublin

Sister Mary Albeus

Matron, South Infirmary, Cork

Brigit M. Kelly

Matron, Steevens's Hospital, Dublin

City of Dublin Hospital, and also to provide training and employment for Irish nurses. From 1884 until 1900 it supplied all the nursing required by the hospital and bore all the expenses of the salaries and support of the probationers, besides paying the hospital an additional sum for the training thus afforded.

At first the nurses and probationers on duty were in charge of the hospital Matron, the late Miss Susan Beresford, a sympathetic and cultivated Irish woman, under whose genial rule they were very happy, though the small number of nurses considered sufficient in the eighties obliged them to work very hard indeed, and with much less off-duty time than is, happily, customary in these days. Later, as the staff of the Institution increased, it was found necessary to have its own Matron, and Miss FitzGerald, the elder daughter of the Right Reverend William FitzGerald, Lord Bishop of Killaloe, who had been trained at the City of Dublin, and subsequently at the London, returned to take up its management.

In 1898, for the second time, the nursing in Mercer's Hospital was undertaken by the Institution—the latter bearing all the expense of salaries, clothing, and voluntary replacement of nurses when ill or on leave, in addition to paying the hospital large fees for the training thus afforded. This arrangement continued until the spring of 1909, when it was first modified, and in February, 1911, terminated, and the nurses withdrawn, the hospital being then in a position to organise its own nursing staff.

The annual reports show the wide sphere of work entered upon by this pioneer institution from the first and the aid it has afforded to many hospitals and

infirmaries throughout Ireland, by sending a staff of nurses and probationers to organise the nursing arrangements in them when required.

An extract is subjoined from the reports of the years 1890 and 1892 regarding the part taken by it in the establishment of the nursing of the sick poor in Dublin:

> The Council of the Queen Victoria's Jubilee Institute for Nurses last year invited the co-operation of the Institution in establishing a system of district nursing for the poor of Dublin in their own homes. The directors undertook to devote a considerable sum to this object, on the terms that the Institution should be recognised as a District Home for Queen's Nurses for the poor. Four trained nurses were assigned to this duty; they have each received three months' training in 'maternity nursing' and two of them have received, in addition, six months' 'district training' in London. They are now awaiting the arrival in Dublin of Miss Dunn, an Irish woman, to be lady superintendent of district nursing appointed by the council and the assignment of their district.
>
> The annual expense of maintaining a staff of four nurses, who will be devoted exclusively to the district nursing of the poor in their own homes, is estimated at £240, of which the Queen's Institute will contribute £100, the City of Dublin Nursing Institution defraying the balance out of its own funds.[1]

> The Council of the Queen Victoria's Jubilee Institute . . . has made an agreement with the Institution for training two Roman Catholic probationers throughout the year, who, when qualified, are to be employed as

[1] *Report, April 30, 1890*, p. 5.

district nurses for the poor of Dublin. By preparing a succession of qualified nurses for this duty, the Institution is enabled to aid in extending the benefits of Her Majesty's bounty throughout Ireland, and to qualify Irish-trained district nurses for employment.[1]

Early in 1890 the Institution had the misfortune to lose, after a few days' illness, the able services of Miss FitzGerald, whose personal interest in the progress of the staff in her charge is still a grateful memory to many of them. Upon her death, Mrs. Kildare Treacy was appointed by the directors in her stead. Mrs. Treacy, who presided over her "family" from that date until her death, was a true and loyal Irish woman, her county being "Gallant Tipperary"; she acknowledged, with pride, that she had received her training as a hospital nurse in Ireland, and devoted her life, her wit, her humour, and her energy, to Irish nursing affairs. Having lost her parents and her husband early in life, she decided to be trained in hospital nursing, and having overcome the family opposition, inevitable in those days, entered the City of Dublin Nursing Institution as a probationer in 1887. Never was there a warmer enthusiasm for all nursing progress, nor a kinder heart than Mrs. Treacy's. Quite suddenly, in the winter of 1912, in the prime of her work and life, she was taken away by death.

A notable event in the history of the Institution was the bestowal by Queen Victoria of the decoration of the Order of St. John of Jerusalem in England upon eleven of the nurses, for devoted and heroic services

[1] *Report, 1892*, p. 4.

sing the sick poor during an epidemic of typhu
which raged in an island off the west coast o
d in 1897. The passage to the island was on
siderable peril, and the conditions under whic
eople were nursed were improvised and o
d by the nurses with extreme difficulty, b
n almost all the population (all fisher folk, an
oor) of the island contracted the disease, on
ath occurred, that of an already tuberculo
t. The enrolment of these—the first nurs
honoured by admission to the Order of St.
—was testimony to their fidelity and se
ce, of which the directors and staff are just

A number of the staff offered their services to,
ere accepted by, the Army Nursing Reser
ittee in London on the outbreak of the war in
Africa, where their nursing services to the sick
ounded were highly valued.

parochial activities. As this organisation extended, it was seen that an enormous benefit would be conferred upon the poor by providing them with trained nursing in their own homes, and a district nurse was engaged from London. So started the scheme of district nursing which now covers Ireland as a network in every direction. From the first the nursing work was carried out on strictly unsectarian lines. In the early days there were many obstacles to be overcome, some financial, and some due to opposition from various sources. However, year by year the nurses made their way. Ten years after the home was started, a superintendent and three nurses had a yearly average of about eleven thousand visits. In 1890, the staff of St. Patrick's Home was affiliated with the Jubilee Nurses, and it was recognised as a centre for training nurses for district work. Many districts in Ireland and elsewhere have been supplied from this home.

St. Lawrence's, the second district nursing centre in Dublin, is the Catholic Home. It was opened in 1890, the Archbishop of Dublin being patron. Its active usefulness is indicated by a recent report:

> The year which ended on October 31, 1910, was one of expansion and increase of work . . . The Home consists of the lady superintendent, a staff nurse, and a varying number of fully qualified hospital nurses, who receive here, in a six months' course, that special class of training required by those who devote themselves to nursing the sick poor in their own homes. Nineteen nurses were trained here during the past year for this special work, and, of these, fourteen have been already sent to different places throughout Ireland, including

eight new districts which are now served by Jubilee nurses. . . . During the year, 3614 cases have been attended . . . 1000 more than last year. . . . The greatest ambition of the committee is to be able to say, as each year comes round, that no applicant for a nurse, provided it comes within our rules, has had to be refused, and at the same time to be satisfied that each particular case is efficiently treated.[1]

The pioneer district-nursing journal, the *Queen's Nurses' Magazine*, owns Ireland as its birthplace. It was mothered, edited, and long financed by Lady Hermione Blackwood, who gave it distinct character by interpreting all current events, both social and political, which could affect nurses and their work, and united in its pages Irish legend and romance, district news, and intellectual taste. In 1910, the Queen's Institute adopted it as its official publication and became responsible for its business end.[2] Lady Hermione, who is herself a Queen's Nurse and active in Irish organisation affairs, comes naturally by her altruism and spirituality, for she is a daughter of the Lady Dufferin whose work in bringing medical and nursing relief to the women of India we shall try to tell in another chapter, and of the late Marquis of Dufferin and Ava, whose mother was the daughter of Sheridan.

The Irish Nurses' Association.—As the training of nurses became systematised and nursing acknowledged as an honourable profession or calling, the need of organisation became felt. The first idea that

[1] *Report of 1909–1910.*

[2] It may be obtained at 58, Victoria St., London, S. W.

arose was to establish a common centre where nurses could meet for business purposes, or to discuss their professional affairs, and where they could have the opportunity of cultivating a spirit of comradeship. It was suggested that a nurses' club be formed and the suggestion was warmly received. In October, 1900, a meeting was called, and an executive committee formed, consisting of Miss Huxley, president, Miss Carson Rae, treasurer, Miss Hampson, secretary, and some six others.

Mrs. Treacy, reminiscent on nursing affairs, gave the history of the inception of organisation:

My memory takes me back to what I may be permitted to call the twilight of the dawn of trained nursing in Dublin. . . . The great training schools had been founded, but there was no effort at organisation or association for Matron or nurse outside the all-absorbing interests of their own hospitals and institutions, until about eight or ten years back. When her late Majesty, Queen Victoria, visited Ireland during the spring of 1900, it occurred to some of the Dublin Matrons that Irish nurses would wish to offer her an address of welcome; and especially as it was remembered that, to the initiative of this great and good sovereign, the establishment of trained nursing for the sick poor was due. . . . With this idea we proceeded to communicate with the Matrons and nurses of Dublin, and throughout Ireland, a more difficult matter than at first sight appears, as by this time we had become a very numerous body (some thirty-five Matrons in Dublin alone) and we did not quite know where to find all of ourselves. However, we appointed a committee and met a few times in a waiting-room of one of the hospitals, kindly lent us for this purpose, and arranged the address and its presentation; and here let me acknow-

dge the generous and valuable help always given to ny of our projects by the press of Ireland.

It was quickly realised that the amount of association hich we had had in this connection was so helpful and leasant, that we decided to continue it, if possible: ur committee was again summoned, a secretary ap- ointed, and a Nurses Club launched in a couple of ooms in a central position in Dublin, with Miss Huxley s our first president.

From this simple beginning we have now the Irish urses' Association, with a wide membership, embracing ne Irish Provinces, and forming a bond of union with ne many countries in which our Irish nurses travel. he rooms of the association are a pleasant meeting- lace, amply provided with professional and other litera- re. Lectures are given by eminent members of the edical profession, and upon many other interesting bjects by friends of distinction in the world of art and hilanthropy.

Mrs. Kildare Treacy

Late Matron, City of Dublin Nursing Institution

Margaret Huxley

Taken when Matron, Sir Patrick Dun's Hospital, Dublin

but it would be a narrowing process, and altogether lacking opportunities for that friendly comparison and emulation which are so helpful to Matron as well as nurse.

From the association has now sprung the Dublin Nurses' Club, and a Nurses' Hostel, managed on co-operative principles. The association and its policy are voiced in the *Irish Trained Nurse and Hospital Review*, whose printed title is transfigured by the old Gaelic lettering, suggesting romance and poetry, and revival of the national spirit—that indefinable spirit which gives each country its own personality and charm. The leaders of Irish nurses are alert and keen-eyed on public and political questions affecting the status and well-being of self-supporting women, and the spirit of the association as a whole is a freedom-loving one, ready for self-defence at all points. Throughout the whole of the struggle of British nurses to obtain registration from Parliament, the Irish nurses have been keen and quick of action. At the time when, in 1908, through some obscure play of governmental politics, Irish nurses were threatened with exclusion from the registration bill then before Parliament, they uprose in vigorous resistance. Notable aid was brought to them then through the commanding ability of the late Lord Justice Fitz-Gibbon, and at all times they may count upon the chivalry of William Field, M.P., both in and out of Parliament. A visitor to Irish nursing circles is impressed by the atmosphere of brotherhood and equality between medical men and nurses and the generous attitude of the former toward the nurses' problems. Their spirit of liberality is shown in their

attitude when trained nursing was first introduced, which is in pleasing contrast to the story of some other countries.

Irish nurses have often, doubtless, resented the encroachment of outside influence in hospital training and nursing affairs, when this influence is shown as an alien one, bent upon other policies than those believed by Irish women to be vital: How, indeed, could a people so high-spirited do other than resent this? But strangers who, coming sympathetically and with understanding, enter whole-heartedly into the problems of training and association, meet loyal comradeship from the warm-hearted and democratic inhabitants of the Green Isle.

If space allowed, it would be a pleasant task to list the noteworthy figures among the Dublin Matrons in the early part of the 20th century—Miss Nora Cunningham, Gaelic Leaguer and *Sinn Feiddhe* and, like most of the group, a keen suffragist; Miss Carson Rae, strong and staunch, advocate of special preliminary training in special colleges to fit young women to enter nursing, who brought about the affiliation of several hospitals in one training group; Miss Lamont, tactful Superintendent-General of the Queen's Nurses in Ireland; Miss Haughton, who was distinguished by being called back to Guy's, her alma mater, as Matron of that hospital in 1909; Miss Ramsden and Miss Reeves, also of the younger group; or the nurses, who, in off-duty time, sing the wailing songs of Ireland in soft moaning voices, or transform themselves with red petticoat and shawl into the bewitching, clog-dancing colleen.

But we must turn for an instant from the city to

Ballincoona in County Kerry, where the Hon. Albinia Brodrick, trained nurse and midwife, writer, lecturer, and landed proprietor, effervescing with the wit and genius of her race, is building a hospital which is to be but the centre of a co-operative colony.

I am told [she says] that at a distance our hospital is known as The White Elephant; we confidently expect to dispel this illusion. It is not simply a hospital; it is to be, please God, a centre for industrial and social development; our big hall will, I hope, be in frequent use for lectures, classes, and happy meetings. Like the old monks, we build in faith and await developments.

Impending political changes are likely to be reflected in nursing organisation in Great Britain and Ireland. Already the indications of new groupings are at hand as our chapter is completed, but the essential unity of the nursing sisterhood will remain unchanged and unspoiled.

CHAPTER II

THE GROWTH OF NURSING IN THE UNITED STATES

First Steps.—After the success of training schools had been proved, the pioneer institutions were called upon to send their graduates far and wide to initiate similar methods. The time between 1873 and 1895 was a time of active renovation in hospitals. Within this period, in by far the majority of instances, the work of reconstruction was taken up and carried to success by volunteer training-school committees, composed largely or entirely of women; over and over again, as in the case of the three first schools, they pushed their way in the face of opposition and disbelief. Although, in some instances, separate committees of women were dismissed with thanks by hospital directors as soon as their work was running smoothly with value proved, yet such share as we see women taking in hospital management arose from the vantage-point gained by this demonstration. On general hospital boards, usually of the smaller or middle-sized institutions, they are sometimes found in positions of equality with men, sometimes holding auxiliary posts. But too few are the institutions of largest size where they occupy the place to which their early services entitled them. While it was

natural that large hospitals should wish to bring their training schools under their centralised government, a broad and just policy would have invited to the directors' boards women whose training-school work had proved their administrative ability. On the whole, the steady general tendency has been for men to take control out of the women's hands.

To follow the experiences of our pioneer nurses in hospital explorations is impossible. They found dirt and disorder to be almost universal. Vermin and infection were common even in pretentious buildings. Immorality was frequent. Coarseness and vulgarity they often met, and went well armed with moral force and intrepidity. Extraordinary customs and conditions existed. In one beautiful and wealthy hospital, the morgue table was used for operations, though Lister had announced his theories. In another, all the small rooms built for special free cases were filled with the mistresses of the city board of aldermen. Management was poor, often, even when good intentions prevailed; nurses' working hours were from four in the morning until ten at night, with resultant slovenliness of detail, and night duty was almost always so defectively organised as to be practically non-existent. The trained women who plunged into this public house-cleaning were so absorbed in it that to them, for a time, the outer world ceased to exist. It was quite as adventurous, quite as exacting, as war nursing. Nurses from different parts of the country met as veterans meet—no other introduction necessary than their identity of experience. When order had been restored and time came for constructive work, they,

with one accord, the country over, took up the problem of giving their pupils ampler teaching and a more careful preparation than they themselves had had. It may be confidently asserted, that never in a modern country has a more disinterested and useful civic service been performed by women than this regeneration of hospitals by women's boards and nurses during the three last decades of the nineteenth century. In all estimates of the value of skilled nursing by women of education, only half the subject is considered if the immense moral uplift that they have given to institutions be forgotten or ignored.

Gladly would we call a full roll of merit if space permitted, but at least those who first died in the service must be mentioned: Louise Darche, who, assisted by Diana C. Kimber, remodelled the training school on Blackwell's Island, in the hospital then named Charity, losing reason and life through the terrible struggle with the "spoils" system[1]; Mary Rogers, who reformed the Children's Hospital in Washington, opened its training school, and affiliated it with that of the Columbia, this being the first instance of affiliation between two distinct groups of nurses for a more complete training; Lilla Lett, who laboured in St. Luke's, Chicago, and Florence Hutchinson, who followed her there, having first built up the school in the City Hospital of Indianapolis. All these women were Bellevue nurses, and, except Miss Rogers, all Canadians.

Our pioneer authors, too, must be remembered: Harriet Camp (now Mrs. Lounsbery), then head of

[1] After Miss Darche's death Miss Kimber retired to England, her native country, and entered an Anglican Sisterhood.

the Brooklyn school, wrote in 1889 the first book on ethics, called *A Reference Book for Trained Nurses.* Clara Weeks, a graduate of the New York Hospital, was the first American nurse to write a *Textbook for Nurses*—a book which made her famous, and was never called by any name except her own. A Bellevue nurse had the temerity to write the first handbook for nurses on *Materia Medica*, and the first *Anatomy and Physiology for Nurses* was prepared by Miss Kimber. The first generation had felt keenly the want of suitable books of reference and spent its substance on ponderous and expensive medical works. Since their day, excellent technical manuals, written by nurses, have multiplied, the beginnings of a nursing literature have been made, and the senior trained nurse of America has crowned thirty-nine years of service by publishing her *Reminiscences.*[1] In 1886, the first professional journal of nursing made its appearance. It was a monthly, called *The Nightingale*, and was promoted and edited entirely by Sarah Post, M.D., a Bellevue nurse who had taken a medical degree. Not without opposition was it founded. Criticisms were published, pointing out that a magazine for nurses was "uncalled-for, improper, and capable of doing harm." (*The Nightingale*, February 15, 1888.) Nevertheless, during the few years of its existence it maintained an excellent standard of news and ethics and remains an interesting source of reference.[2]

The Nightingale records what was probably the

[1] *Reminiscences of Linda Richards*, Whitcomb and Barrows, 1911.

[2] It is now impossible to find a full file of *The Nightingale.* The Academy of Medicine in New York has some copies.

first attempt made by American nurses to form an association: this was called the Philomena Society. The names of its founders have not been preserved, but it seems to have arisen in 1886–87 in New York, and to have died a natural death a year or so afterwards. Foundations for the first permanent union were laid in 1889, when a group of Bellevue graduates, meeting at the annual reception of the school, proposed to form an alumnæ society. It was formally launched in April of that year, with a rigid and cramping constitution which, under a conservative president, hindered growth most effectually for some years, but was really not expressive of the will of the majority and was liberally amended and broadened in 1896–97. The next society of this kind was the alumnæ group of the Illinois training school, founded in 1891, whose promoters had to combat the same difficult spirit of exclusiveness. The Johns Hopkins alumnæ was formed in 1892; that of the Massachusetts General in 1895; of the Boston City in 1896; of the New England Hospital for Women and Children in 1898. These were the first. To-day, there is probably not a training school worthy the name that has not its society of alumnæ. The attitude of aloofness at first maintained by training schools towards one another was ludicrous, the clan spirit having been so sedulously fostered that it was almost held to be bad form for the pupils in one to know and visit those in another. In general, a dignified unconsciousness that there were any other hospitals than one's "own" was considered the correct thing. It was a natural outcome of the highly military formal discipline imported from the old

world into the early schools, but as nurses began discovering one another in the world outside, they found that hospitals and the women in them were much alike, and the superciliousness arising from non-acquaintance faded away. Leaders in organisation combated vigorously the narrow point of view and vision fixed on self. Who has not heard the question: "What good will this society be to me?" Little by little, through co-operation in work rather than by argument came the perception that the individual is best helped by that which raises and strengthens all. The fact that American nurses were thrown wholly upon their own resources after receiving their diplomas helped greatly to bring them into close fraternal relations and to promote their own independent societies. They quickly realised the isolation and forlornity of lives cut off from the community, and understood that they must substitute another helpful mutual bond for that which they had left behind them in the hospital.

Up to 1890, it may be said that the general tenor of nursing activities had been individualistic and intensely practical, while the ideal was expressed in work only. In that year, a new standard was set by the opening of the Johns Hopkins Hospital and Training School. The trustees of the hospital had determined to make it primarily a centre for liberal scientific teaching and a model of good methods in work. The entire administration was infused with this purpose, and the emphasis thus laid upon the intellectual side of hospital work, the definite assertion of a generous spirit of idealism, had a great, not easily estimated influence, radiating far and

vide, and greatly encouraging all those unnumbered ilent workers who had been fulfilling their daily tasks n this spirit without meeting its full recognition. The opening of the training school was looked forward o by nurses with the greatest interest. Mr. King, hen president of the trustees, went to England and ad a two-hour interview with Miss Nightingale, who went over all the details of its organisation with im. To the faithful observance of her precepts nust be ascribed much of the prestige which the chool subsequently attained.

Prominent nurses at home and abroad were interviewed, and the superintendency was offered to sabel Hampton, then in charge of the Illinois training school in Chicago. This appointment placed in position of great advantage a woman whose influence upon the education and general progress of urses will long continue to be felt, and whose recent

but as a teacher. She extended throughout the two years the class and lecture-room instruction, which had been limited, after the pattern of St. Thomas's, to one year. She stopped the custom of sending out undergraduates to private duty, and, to make good the experience with private patients thus lost, persuaded the managers to an arrangement by which they were made responsible for the nursing in the Presbyterian Hospital nearby. This was the first instance of one school nursing two unrelated hospitals, and endured until the growth of each necessitated a division and the Presbyterian developed its own training school. When Miss Hampton accepted the Baltimore position, she stipulated that her title should be, "Superintendent of Nurses and Principal of the Training School," in order to emphasise the educational idea. She went to the Johns Hopkins in May, 1889.

A more splendid type of womanhood than Miss Hampton has not yet been pictured. Large and imposing, her figure built upon massive Greek lines, her features chiselled, her hand of unusual beauty, she was serene, gentle, and dignified in manner, her countenance illumined by a rich colour, large deep blue eyes that beamed with radiance, and a smile of winning sweetness. Her voice was one of her great charms, unusually soft and sweet, with an earnest thrill in it that, with her beaming eyes, expressed the eager intensity of enthusiasm and ardour for work and ideals which were most characteristic of her through life, and gave her what has been called her "gentle force." With great practical ability in details, Miss Hampton had a power of seeing the

uture which was like that of a sibyl. She had visions f nursing growth, organisation, and activities, which ame first as hazy, indefinite pictures, gradually aking form until all was clear and vivid, filling her vith joy and enthusiasm, eager interest, and untiring nergy. By this impressionistic quality of her mind he forecast or perceived the goal that was to be eached and consciously wrought to reach it, where thers, working from day to day, hardly realised whither they were tending. This power of seeing listant vistas of achievement, as one sees landscapes, nade her companionship most stimulating and fasci- ating. Such was the woman, warm-hearted and esponsive, simple and almost childlike in her direct- ess, having some faults of likes and dislikes and some mperfections as all must have, but filled with the ighest belief in the mission of women as the superior

had great visions of the mission of alumnæ societies, and shaped the whole possible future of a national organisation long before it took form. The World's Fair year in Chicago, 1893, gave the opportunity for a national movement. Congresses were as numerous as blades of grass, and the association idea was in the air. In every line of interest and of work people from the four corners of the earth were coming together, and nurses shared in the stimulus. Mrs. Fenwick, then intensely absorbed in her great work of organisation in England, came to Chicago to arrange the English nursing exhibit sent from Great Britain to the Woman's Building. She inquired who were the American leaders in nursing, suggested to the Chicago women on the World's Fair boards the utility of a nursing congress, and came to Baltimore on her way home to visit Miss Hampton. Different as were these two in temperament, the one all lightning-like rapidity and fire, the other tranquil and serene, they were singularly alike in their enthusiasms, ideals, and professional demands. When the Congress of Hospitals and Dispensaries was finally promoted, with Dr. John S. Billings as chairman, a nursing section was arranged for and Dr. Billings offered its chairmanship to Miss Hampton.

In the programme of this section, of which the arrangement was to her a devoutly serious piece of work, may be found the seedlings of almost all the later lines of growth in the nursing profession in the United States. Nor was it accidentally so, but the result of most earnest thought and divination. Often as she planned to whom certain themes should be given, did she describe the whole possible future that

might arise from the ideas she hoped to have brought out. In the main congress, Miss Hampton read her paper on the three years' and eight hours' course, in which she urged the possibility of the affiliation of varied institutions for the instruction of nurses. It was called "Educational Standards for Nurses," and, at that time, she regarded it as the culmination of her teaching work. Miss Edith Draper, then superintendent of the Illinois school, had been given the subject, "The Necessity for an American Nurses' Association." This was Miss Hampton's most cherished vision, and in her letters to Miss Draper, who was a close personal friend, she had poured forth her hopes about it. Miss Draper, however, made her paper suggestive rather than constructive; she spoke of the need of state associations and of a journal; she did not arrive at state registration, but said: "A system of registering (for a stand-

"Would not a well regulated association of nurses do much toward correcting the danger of losing ideals?"

When the congress was over, a committee chosen from the nurses present drafted a constitution and drew the lines for the American Society of Superintendents of Training Schools for Nurses. It was formed in awful solemnity, and so all-important did certain doctrines of educational salvation appear to be, that all the women who were then engaged as heads of small or special hospitals, no matter how good their own training had been, were excluded from its select circle, nor did they dream of questioning or murmuring at this decree. Though handicapped thus by timidity at its outset, the society grew vigorously and, some few years later, discarded its artificial rules of membership and opened its doors to all women who themselves met the necessary standard.

A pause may properly be made here to give this society a slight meed of the gratitude it so richly deserves from nurses. One who knew it for years in its most intimate relations can truly say that a more conscientious and high-minded group of women could not be found, or one more free from self-seeking. Their thought was ever how best to fulfil the threefold obligation to the hospital, their pupils, and the public. There was no attempt to grasp at power for its own sake, but only to protect standards of work and ethics; no smallest desire to retain control over graduate nurses, but only to equip and prepare them for self-government. The occasional member whose outlook was small never rose to prominence, nor did

her views carry. An altruistic band of leaders and teachers, encouraging their alumnæ groups to self-development, the superintendents' society has been almost self-effacing in the parent-like wish to bring its children forward, but wherever hard work even to drudgery was to be done in any good professional cause, its members have always been found at the front.

Impossible as it is to mention all its most notable members, some of whom will appear as we go on, Miss Lucy Drown must be singled out for honours for her long years—more than a quarter-century—as superintendent of nurses in the Boston City school, and for her classic New England type: so high-minded, so scrupulously submissive where she thought her duty lay, so gentle, so immovable, with such an unexpected little flash of revolutionary spirit! With her retirement went one of the cherished figures of her time.

In February, 1896, it was felt that the time had come when the young alumnæ societies might be united into one national body. A paper had been read at the Philadelphia meeting that winter, embodying Miss Hampton's vision of national union, and afterwards a committee was appointed to call together a convention to form a national association.

The convention met in September, 1896, at the Manhattan Beach hotel, near New York, and was composed of delegates sent by alumnæ societies, and of members of the superintendents' society, chosen and sent by that body. The name at first chosen was "The Nurses' Associated Alumnæ of the United States and Canada," but, with incorpora-

tion later, Canadian and American nurses had to organise separately, a thing they had at first been unwilling to do because of the strength of tie between those having the same alma mater. At this convention, with Miss Hampton, then married to Dr. Robb, absent in Europe, much of the leadership was Miss Sophia Palmer's. She made the most practical suggestions, and caused the delegates to be formally voted in as charter members. The work of the convention was completed in February, 1897, in Baltimore. Mrs. Robb, radiant and beautiful, was then present and was elected president. Miss Walden from the New York alumnæ, and Miss Ambrose, Presbyterian, first and second vice-presidents; Miss Barnard, Johns Hopkins, secretary; and Miss Healy, Brooklyn City, treasurer.

The associated alumnæ also began in a timid way, with a certain amount of unfamiliarity with democratic principles. The first constitution was a cumbersome structure, providing for an elaborate machinery which never, in fact, materialised. Instead, a spontaneous natural organisation went on swiftly, ignoring the constitution, which was presently amended to fit facts as they were. Another piece of useless trouble was taken over a code of ethics. A vast deal of seriousness was spent in poring, bewildered, over the Code of Ethics of the American Medical Association. The writer sought out Dr. John S. Billings in consultation, and recalls her shocked consternation when he said, in a dry, off-hand way, that the medical code had been the cause of untold wrangling in the medical profession. "Be good women," he added, "but do not have a code of ethics." This seemed like

blasphemy, but the ready-made ethical code was put aside by Mrs. Robb in her presidential remarks. The first annual convention was held in New York, in April, 1898, when Mrs. Robb gave a history of the formation of the society and told of the aspirations of the superintendents for their graduates, concluding with these words:

With the presentation of this report ends their responsibility toward this organisation, a responsibility so generously assumed by women, already crowded with work, in the best interests of the nursing profession in general and with absolutely no personal motives in view, other than the good that may come to them individually as members of their several societies. As one of their own members said in the discussion "Superintendents will form a very small part of this organisation. It will be an association of independent women, who hope by uniting to work out many reforms." . . . It seems like a brief dream as to time since that June of 1895, but a dreaming true as to results. So splendid have these results been thus far that I look forward into the future of the associated alumnæ with joy and certainty that it will achieve greater and better things by nurses and for nurses than have ever yet come to pass. And with such a feeling and in such a spirit do I invite you to consideration of the work before us at this meeting. . . .

A code of ethics is the first object mentioned in the constitution. But it cannot be among the first to be realised, for such a code should be the central point of thought of the association, reaching out in its inspiration and influence to our most remote branches, and toward which each individual member may look, vibrant with a sense of personal responsibility toward the association and toward the highest standard attainable by nurses.

It should stand for deeds and actions, not words and form. Were we, therefore, to appoint a committee to formulate forthwith a code of ethics, we should get words, but not the spirit. Surely, it will be better to wait until we have taken sufficient and better form in the matter of numbers and closer organisation, to learn the mind of the greater number of what shall constitute our national code of ethics, but I would like to say in passing that it should be founded, not on the lines of that of any existing association, but should be formulated to meet our own needs in our own particular way. . . .

Growth of Education.—The mechanical and unsatisfactory character of a bed limit in deciding the eligibility of women for the superintendents' society soon became clear to all, especially to those of high personal and professional attainments, who were unselfishly devoting themselves to some obscure or struggling institution. The general feeling was voiced at the convention in 1897, by Mrs. Robb, in a thoughtful paper proposing individual qualifications for membership, and the affiliation of hospitals into training groups for bringing about greater uniformity, upon a broader basis, for the training of pupils. Following this, in 1898, she proposed trying to make use of Teachers College, connected with Columbia University in New York City, for giving nurses an advanced course in teaching and in administration. This idea had long been a cherished one with her. The writer well remembers how, years before, over the breakfast table or in quiet moments, it was set forth and dwelt upon with beaming eyes and the confident joyfulness of hope, though where it was to be fulfilled was not yet revealed. Following these

papers, Mrs. Robb was appointed chairman of the educational committee of the superintendents' society, and in this capacity visited Teachers College, saw Dean Russell to explain her ideas, and then, with Miss Nutting, Dean Russell, and Miss Kinne of the college, worked out a plan for the nurses' course.[1] These steps, reported back to the society, were warmly endorsed, and Mrs. Robb was authorised to carry the plan through. Her first committee was composed of women who have built the beginnings of many important things: Miss M. E. P. Davis (then superintendent of the University hospital, Philadelphia), Miss Lucy Walker, an Irish woman and English-trained nurse (then superintendent of nurses at the Pennsylvania,) Miss Maud Banfield, an English woman, trained at St. Bartholomew's (then superintendent of the Polyclinic in Philadelphia), Miss Linda Richards, then beginning her remarkable work in the hospitals for the insane, and Miss M. Adelaide Nutting, the gifted Canadian, Mrs. Robb's pupil, who had succeeded her at the Johns Hopkins. The committee was later enlarged, and has included many of our foremost superintendents. The two first pupils entered for the course, Miss Anna L. Alline and Miss Alice A. Gorman, both of whom had been at the head of training schools. The superintendents' society became responsible for funds needed for the new department of "Hospital Economics"; subscriptions were readily promised by individuals and associations, while a spirit of zeal and exhilaration pervaded the nursing ranks. When finally launched the committee recommended

[1] *Sixth Annual Report*, American Society of Superintendents, p. 58.

that a nurse should be placed in charge of the class and course, and in 1901 Miss Alline consented to take the work at a purely nominal salary, because of her faith in it. For several years she practically gave herself to it, with great unselfishness, making it possible for the early stage of growth to be safely passed. The professional lectures were given by nurses, heads of hospitals and training schools, often without payment. One course of special interest was that on the History of Hospitals and Nursing delivered by Miss Nutting. The syllabus of this course afterwards formed the framework of the published *History of Nursing*. A later pamphlet by Miss Nutting gives in a few words the basic idea of the plan for extended education at Teachers College. She says:

> The object of this course was to give some preparation for the higher and more responsible positions in hospital work, as superintendents of hospitals or schools, and as teachers and instructors in various branches of nursing. The idea of establishing such a course was the outcome of years of continual effort to improve the education and training of nurses and to promote uniformity in curricula and in methods of teaching. It was clear that little improvement in methods of teaching could be hoped for until nurses had been taught how to teach.

In 1904, an appeal was made for an endowment fund of $100,000 with an annual guarantee of $2500 to pay instructors suitably. The need of an extension of the course to two years was also put forward. In 1907, Miss Nutting was called from the Johns Hop-

kins training school, which she had directed with conspicuous ability since Miss Hampton's marriage, to Teachers College. Her work in developing the preliminary course of six months at the hospital had drawn the attention of educators to her and she was given a chair under the title of "Institutional Management," with the idea that students should be prepared to manage not only hospitals but institutions of all kinds, or homes, great and small. In 1909, on the advice of Miss Wald, a noble gift was made to the college by Mrs. Helen Hartley Jenkins, for the purpose of so extending the nurses' course as to add facilities for special training in all the new lines of social service. The practical side is to be developed through affiliation or co-operation with the settlements, the board of health, social and philanthropic foundations, and, in short, with all existing agencies of betterment. The full meaning of this most generous and helpful gift may not be realised for some time to come. The title now given to the chair is "Nursing and Health."

In the winter of 1910, Mrs. Robb's rich and fruitful life was instantly cut short by a most shocking accident, and at their first subsequent meeting the nurses of the country testified to their devotion to her memory by founding the Isabel Hampton Robb Scholarship Fund for advanced study by nurses wherever they might best use it. As, without a doubt, for years to come at least, Teachers College will be selected by most of the beneficiaries, Isabel Robb's memory will be cherished long in the environs of the university where her vision was realised.

Within the training schools the three-year course,

M. Adelaide Nutting

ing and Health, Teachers College. Taken when Superintendent of Nurses, Johns Hopkins Hospital

once started, made rapid progress, the eight hours lagging far behind. The Johns Hopkins, which loyally established both in, 1895 was not, however, the first with either one. It was found that the eight-hour day had been quietly put in force in 1891 at the Farrand training school in Detroit under the direction of Mrs. Lystra E. Gretter, a Southern woman and leader in the Middle West, while the University hospital in Philadelphia was the first to respond to Miss Hampton's Chicago address and had begun the three years' schedule in 1894. At the seventh meeting of the superintendents' society fifty-five schools reported a three years' course established, and five more a course lengthened over the two years. That the three years is now the rule is shown by the Report of the United States Bureau of Education for 1908, giving the average training period of 1026 schools listed as two years and eight months.

The preparatory course now found at the Johns Hopkins was Miss Nutting's contribution and was the first in this country. The need of preparatory teaching had been felt and talked of, and training school superintendents did much to bring about openings for special study for intending probationers in technical institutes in Rochester and Boston.

We have said that the eight-hour day lagged. Not yet have even the majority of hospitals granted the shorter day which was always regarded as a necessary part of the lengthened course,—many, indeed, simply profited by the added utility without returning to the nurses any better facilities of teaching, experience, or administrative practice. Such instances might sometimes be explained by the re-

luctance of directors to begin an era of expansi
where their staff was concerned, or by sheer inabili
to see the reason why: sometimes, too, by the fa
ure of the superintendent of nurses to carry off t
honours of war. The foremost training scho
developed advanced teaching in the third ye
brought in social problems and subjects on the li
of civics, gave practice in class teaching and h
pital housekeeping, and, if no formal preparat
course was existent, arranged for the juniors cour
in dietetics under domestic-science teachers, for whi
model diet kitchens were developed.

The custom of sending out undergraduates
private duty was early discredited. From the fir
American superintendents set their faces firm
against it, and alumnæ societies have continued t
policy of unqualified opposition to it. It is a pur

higher grade, when, we may hope, they will discontinue this custom.

In 1906, a medical panic, termed a "reaction," occurred in New York, and at a meeting at the Academy of Medicine "The Overtrained Nurse" was discussed. Several hospitals in that city, largely through the agitation of one anxious man, soon afterward returned to the two years' course. As at least two of these had never shortened their hours nor increased their instruction facilities, no great harm was done. Outside of New York the movement was regarded as retrograde and found no followers. It seems, indeed, to have had little basis except in the fear that the private-duty nurse might presently emerge as an independent practitioner. The chief thesis of the opposition actually took as its text a query found in a non-professional journal, viz., "Is nursing going to sever every connection with medicine and set up as an entirely separate science or art?" Had this question been asked by a nurse in a journal edited and controlled by nurses, it might have been truly alarming, but, as the case stood, the panic seemed to have been groundless. No doubt the contention that nurses were too much stuffed with technical phraseology was true, and it is precisely for that reason that it is desirable to have nursing education regulated largely by nurses. Following the New York reaction, a number of weighty protests were made. The New York nurses and the superintendents of training schools offered resolutions deprecating a change backward; the New York City Visiting Committee of the State Charities Aid Association submitted a report in a letter addressed to the De-

partment of Public Charities in 1907, in which they upheld the three years but recommended shorter hours, good conditions, and a general, varied service (*A. J. N.*, Feb., 1908). Dr. D. B. St. John Roosa of New York came out squarely in opposition to the backward step in an article written in 1908. The most effective reinforcements were marshalled by Dr. Henry M. Hurd, then Superintendent of the Johns Hopkins hospital, who in the Hospital Superintendents' Association skilfully contrived to have a committee so composed that it could be relied upon to make a statesmanlike report, thus effectually disarming certain interests whose plan had been to have a report for lowered standards brought in. He also read a classic paper at the Canadian Hospital Superintendents' meeting, in 1908,[1] defending the highest standards, and pointing his moral by the tale of the young minister whose bishop knew him to be a second-rate man, but believed there were second-rate souls to be saved. The American Hospital Superintendents' Association Committee on Training Schools reported in 1909, in a broad, comprehensive, and liberal document, well presented and ably summed up. It did, in effect, simply record and endorse the best existing conditions, which had been brought into being chiefly by the labours of nurses as heads of training schools. One of these afterwards said, "It is mortifying that we have left it for the men to produce such a weighty report upon what the standards of our work should be." But the women had done, were doing, the work, without which the

[1] Reprinted in *A. J. N.*, June, 1908, p. 671.

report could not have been. It was the work, not the report, which contained the living spark.

On the whole, notable and high-minded support for good standards has usually come in times of stress from the medical profession. In 1906, the Philadelphia County Medical Society, replying to a plea of the women in training-school work there (led by Miss Banfield), condemned correspondence schools of nursing or any form of training that dispensed with hospital training, and asked its members not to endorse such attempts. But our strongest allies are those in the educational field. The most advanced and gratifying stand yet possible has been taken by Dr. Richard Olding Beard of the Minnesota University in his plans for the training of nurses, and his article, "The University Education of the Nurse," sounded like the realisation of a dream to Mrs. Robb and others when, in 1909, it was read at Minneapolis and London. In the early '90's the University of Texas first recognised nursing by giving a professorial chair to the superintendent of nurses in the John Sealy Hospital of Galveston, then Miss Hanna Kindbom, a Swedish woman of character and ability. Her title was Professor of Nursing and she lectured to medical students as well as nurses.

No one else, however, has taken so emphatic a stand as Prof. H. E. Mills, of Poughkeepsie, who resigned from the Board of Education in 1911, rather than countenance the appointment of an incompletely-trained woman as public school nurse.

Nursing the Insane.—The first steps toward bringing training into the hospitals for the insane were taken by Dr. Cowles, of the McLean Hospital

near Boston, and the medical directors of the state hospitals for the insane in New York. Dr. Cowles began as early as 1877 to bring trained nurses into the asylum from general hospital service, and from 1880 to 1885 he worked toward the development of a school. This early experience, however, showed that the hospital trained nurse needed much additional equipment before being fitted for the care of the insane.

Between 1883 and 1893, a number of the state hospitals of New York established training schools, the first one being that of the Buffalo institution under Dr. Andrews. About 1896 a minimum standard of teaching with uniform entrance and final examinations was adopted by all of the New York State hospitals for the insane: they, therefore, led the way to state examination, and perhaps because of this record the medical superintendents directing these vast establishments took a friendly and magnanimous attitude toward the later efforts of nurses for legal status, especially as they perceived that it must bring co-operation and a closer relation between the general and special hospitals. Each needs, for its nurses, what the other can give. The women who have given the most valuable service in adapting training-school methods to the work with the insane are Miss Mary E. May, Miss Linda Richards, and Miss Sara Parsons. The pioneer work has been most difficult, and the problem of obtaining the necessary numbers of desirable probationers is, and will long remain, a vexing one, complicating every educational effort, and retarding, doubtless, the general advance. Yet the only real

solution lies in the slow uplifting of the whole mass by educational requirements which will slowly react on the every-day family and individual.

An Ethical Question.—The rapid multiplication of training schools during a couple of decades should soon slow down to a more moderate pace.[1] Then the first growth made, an era of structural improvement should follow. The remark of a member of a state examining board, that "the multiplicity of small hospitals owned by medical men, where training schools are maintained for strictly commercial purposes, is the greatest problem that confronts us," gives room for wonder whether it is not time for the medical profession to add a new article to its code of ethics, to the effect, namely, that private speculation in nursing education more or less bogus should be considered as no more honourable than the same traffic in medical education. In every one of the little private hospitals of the medical men, good nurses are needed, but they should be trained co-operatively, with a view to the public good, not sweated for private individual profit.[2]

[1] The United States Bureau of Education for 1909 has the following:

	Training Schools		Pupils
1880	15	Men and Women	323
1890	35		1,552
1900	432		11,164
1907	1,023		21,119
1908	1,026		26,457
1909	1,096		29,320

These figures include hospitals for the insane where training schools have been opened. The number of schools in general hospitals, 1909, is given as 1006.

[2] A report from a private hospital owned by a medical man showed a "training school" of sixteen nurses. No teaching was

STATE REGISTRATION

We have seen that English nurses—led by Mrs. Fenwick—awoke before Americans to the need of legal status, because the economic pressure was felt more acutely by them. Upon the kind and effectiveness of the education one receives depend the working efficiency and, largely, the social usefulness of the individual—also ability to meet opportunity and to maintain a good standard of living. While state protection of the nurse's training is, at top, an educational, it is at bottom an economic, question. Nurses as a whole, however, were long unconscious of this close relationship, and Americans, with their more abounding opportunities, came more slowly to realise it. When, in June, 1899, at the London Congress, Mrs. Fenwick said to the writer: "Why do not the American nurses go in for state registration?" the words fell on unheeding ears. There had been many others, however, who, solely from the educational standpoint, had long been anxious and watchful by reason of the rapid increase of training schools and the resultant dilution of ideals. Many were the individual nurses who, disturbed by the tendencies they perceived, said vaguely now and again: "There ought to be a law against" this and that. This undercurrent was later voiced and its significance in bringing organisation to pass expressed by Isabel Hampton Robb, in 1899, when, as president of the second annual convention, she said:

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allowed; the nurses did all the servants' work, including their own ironing; even a monthly allowance was not given on ground of the "diploma." *A. J. N.*, May, 1903, p. 627.

After the first few years, when graduates began to increase in number and the value of their work had been manifest in hospital and home, we find more branches beginning to shoot out, and more training schools springing into existence. In the past ten years, more especially, there has been a not altogether healthy overgrowth. The increase has been almost alarming, and there are now to be found all sorts and conditions of hospitals and training schools, with the result that the country has been flooded with a very nondescript class of women all bearing the title of trained nurse, the term standing for all grades of training and all grades of women. As a natural consequence the public has freely offered its criticisms. Here then was the first problem to confront us,—the rapid increase in quantity without a corresponding improvement in quality,—and as this discrepancy became more and more apparent, the older and better-known schools, with the instinct of self-preservation, began to draw more closely within themselves, trusting in their own irreproachable names to protect their graduates, with the result that the members of one school were led to hold themselves severely aloof from those of another. Fortunately this narrow and selfish policy could not last long. Gradually but forcibly it was borne in upon the minds of the older and more experienced that in this way did not lie success and advancement, that nurses could not afford to be narrow and self-seeking, and that to attain to a fixed high standard in our work, to overcome the evils that were increasing, and to collect our scattered forces, we must have unity of purpose and centralisation of means.

The first definite steps looking toward state registration were taken almost simultaneously, yet quite independently, by Miss Sophia F. Palmer, head

of the City hospital in Rochester, and Miss Sylveen Nye, who, in Buffalo, had organised a nurses' club out of very diverse and isolated elements. In Buffalo, too, was Miss Annie Damer, who afterwards took a leading part in national organisation. It would perhaps be impossible to say to whom the credit of the first thought is due, but the first one of the series of steps leading to the final result was the paper read by Miss Palmer before the State Federation of Women's Clubs on November 9, 1899. In this paper she said:

> The greatest need in the nursing profession to-day is a law that shall place training schools for nurses under the supervision of the University of the State of New York. Such a law would require every training school to bring its standard up to a given point, . . . would require every woman who wished to practise nursing to obtain a diploma from a training school recognised by the University, to pass a Regents' examination, and to register her licence to practise. . . . It is of vital importance that examining boards shall be selected from among nurses in practically the same manner that medical boards are chosen from physicians, that pharmacists, dentists, and teachers are examined, each by members of their own profession.

At the same meeting Miss Eva Allerton, afterwards distinguished by her brilliant work in guiding the nurses' act to success, explained the functions of the Regents.[1]

[1] "The University of the State of New York controls, so to speak, the output of 668 institutions of learning in the state academies, colleges, universities, professional and technical schools, but does not include schools of nursing. It registers educational plants all

As a result of these papers, the Federation of Women's Clubs passed a resolution endorsing the formation of a board of examiners chosen by a state society of nurses and recommending the inclusion of nursing education in the list of professions supervised by the Regents. Before reading her paper, Miss Palmer asked Dr. William S. Ely, of Rochester, what he thought of her suggestion, and he was delighted with it, wondering why no one had thought of it before. He was especially cordial toward the idea that, if put into operation, it must be under a board of nurse examiners. Curiously enough, at about the same time, Miss Nye suggested her ideas to Dr. Charles S. Butler, of Buffalo, and both Dr. Butler and Dr. Ely, writing to the Regents' office to advance the project, received replies at the same time, from Mr. Parsons, then Director under the Regents. These replies showed very careful thought on Mr. Parsons' part, and an application of the principles governing the other professions to that of nursing. On November 16th, Miss Palmer telegraphed to Mr. Parsons to ask him to receive a delegation of nurses to talk the matter over, and the conference took place on the 18th, with Miss Palmer, Miss Allerton, and Mrs. Robb present. They had just come from New York, where Mrs. Robb had proposed Miss Palmer's name as editor of the *American Journal of Nursing*, then being planned for. So was legal status for nurses initiated in the United

over the world. It is governed and all its corporate powers are exercised by nineteen elective Regents, who are elected in the same manner as United States Senators, but for life. They serve without salary, thus taking the matter out of politics. . . ."

States. Because of the standing of the Regents of New York, the importance of the state as a nursing centre, and the novelty of the idea of a board of examiners composed wholly of nurses, it seems proper to give some space to the details of this undertaking.

At the third annual convention in 1900, the need of broader, more elastic associations was felt in the air. Expanding growth and individual activity were again recorded by Mrs. Robb in her presidential address, as she summed up the important things before the nursing profession at that moment.

> . . . we trust steps may soon be taken to form state associations, beginning in all probability with New York. As many of us know, the question of registration for trained nurses has been long in our minds, but we were also aware that to advocate legislation eight or ten years ago would have been to put the cart before the horse. . . . The fulness of time brings us to the vital question of registration for nurses—only so will it be possible for trained nursing to attain its full dignity as a recognised profession and obtain permanent reforms. . . . As regards the schools, the introduction of a legalised registration would naturally stimulate both schools and graduates to reach the required standard. . . . If we do not take care of our own affairs, rest assured that outsiders will undertake the task for us, to our everlasting undoing and to the detriment of the public, to whose sick we have the privilege of ministering. . . . Can we be still and let things just take their own way, as long as the stamp of mediocrity marks a work to which should be given the best and highest that the hands, hearts, and minds of women can bring? This is no work that can be taken up lightly or laid aside carelessly by

the first comer, but one that should be entrusted only to women, each one of whom should be ordained a priestess, as it were, before she presumes to enter the temple to perform her ministries unto sick and suffering humanity.

The force of democratic tendencies was next voiced by Miss Damer, who said: "The Buffalo Nurses' Association organised five years ago, taking in all graduate nurses in the city, from small and large schools. . . . We feel the necessity of state organisation for legislative purposes;—we think the state association should be an independent body, but affiliated with the national. . . ." In the discussion Miss Palmer, whose ideas of legislation were fully matured and definite, said:

When we come to organise a state society, the principal motive being to influence legislation, we take an entirely new departure from the motives actuating us in upbuilding our associations for educational and social purposes. We go before the legislature, not as graduates of any one school, but as citizens of the state. . . . In regard to the county society we have organised in Rochester—and I think we are the pioneers in county societies—our principal motive has been to assist in the formation of a state society.

At the end of this meeting a conference was held at the Presbyterian training school to consider ways and means in founding a state society. The movement thus begun was to sweep successfully from east to west, but New York, the leader, did not first win her legal status.

New York.—A general call to the nurses all over

the state went forth on February 26, 1901, and organisation, quickly effected, was followed by intense activity and concentration upon legislative work. Instantly there stood forth two opposing standard-bearers, and a duel typically illustrative of all subsequent struggles began. The first president of the state association, a strong, capable, and earnest woman, well deserved the position by reason of her arduous work. Her belief, however, was that, in organisation and legislation, as well as in the sick-room, nurses should be subordinate to medical associates. The first rounds of the duel were, therefore, upon the composition of the society and its officers.[1] Around the one word "nurses" went on a lively contest. The determination of the majority, to avoid all entangling alliances and to restrict membership to nurses, became clear. On the floor of the legislature the duel recommenced. There appeared the commercial man, and the one who curried political favour. The chairman of the nurses' legislative committee was Miss Eva Allerton, a Massachusetts General graduate and head of a Rochester hospital, the Homeopathic, a woman of the utmost ability and remarkable magnetism, whose exertions and great responsibilities in this legislative campaign no doubt hastened her premature and lamented death. Associated with her was Miss Palmer, whose strong will and forceful character braced other, less confident, fighters, and Father Hendricks, at that time

[1] See paper on "Organisation and Registration," by Sylveen Nye, *Transactions*, International Congress of Nurses, Buffalo, 1901, p. 343, *et seq.*, and, in connection with it, read preceding paper by Mrs. Bedford Fenwick.

one of the Regents. The support he gave the nurses was strong and splendid. He was foremost among the men who helped them, and his later mission to the Philippines was the loss of the nursing profession in New York State. Senator Armstrong and Assemblyman Davis, by wise management, made the bill a non-partisan measure. It received the active support of the whole nursing profession (except that small group, which stood for medical members on examining boards), of public-spirited laymen and women, such as those on hospital boards, and of the Catholic nursing orders of the state. Nurses everywhere besieged their representatives, and one who happened to be caring for a case in the governor's family, stopped him on the stairs and obtained his promise to sign the nurses' bill, if it passed. Besides all this, we shall probably never know just how much we owe to Mrs. Whitelaw Reid, who quietly used her very great influence with public men in its behalf. Nevertheless, it was tenaciously contested. It was a new thing to see women coming forward, nurses at that, demanding the same guarantees which had been granted to the medical, dental, and other professions, and to skilled callings, such as that of the plumber, engineer, and horseshoer. Would they get out of hand? Where would it stop? The New York County Medical Society, which had previously endorsed the bill by resolution, sent its legal counsel, Mr. Andrews, and the chairman of its legislative committee, Dr. Frank Van Fleet, to Albany to support it, but they were charged to see that, if possible, medical men were placed on the examining board.

When, however, the character of the opposition became plain, these two chivalrously entered the lists in the nurses' behalf. The hostile forces centred in Albany, and four nurses sat with them at the hearings;—one of them, be it confessed, a training-school superintendent. The attack concentrated on the provision creating a board of nurse examiners nominated by the nurses' society and appointed by the Regents, while the defence was that nurses could not come up for examination without having come under the teaching and supervision of physicians; that they could not receive their diplomas without medical approval; that as three of the Regents were physicians the medical element was thus sufficiently represented; and, finally, that the nursing profession desired to keep clear of medical politics, which was evident in the friction between the three schools of medicine recognised by the state (regular, homeopathic, and eclectic), as the differences in medicine were outside of nursing cognisance and nurses had no intention of being drawn into them. As a last attack a bill was introduced by Assemblyman Nye asking for registration under the Secretary of State, without any educational standards whatever. Dr. Frank Van Fleet, Dr. William S. Ely, Dr. Hartman, and others spoke strongly and well in favour of leaving the nurses to manage their own educational affairs, while effective support was given by the speeches of Miss Margaret Dreier, Mrs. Francis Scott, Mrs. Cadwalader Jones, all of whom were prominent on training-school boards, and Mrs. Montgomery of Rochester.

The nurses secured their own board of examiners

and the equally important detail of the right of nomination by their state society for these positions. This is the keystone and safeguard against political machination. From the list of nominees the Regents select five. There is nothing to prevent physicians from being nominated, as both men and women nurses have studied medicine, and such nominations have been made. Applicants must be over twenty-one and possess a diploma from a training school connected with a hospital or sanitarium giving at least two years' training, and registered by the Regents as maintaining in this and other respects proper standards, all of which shall be determined by the Regents. In order to determine standards, the Regents have their inspectors. The very moderate demands of the New York bill count for more than shows at first glance because of the powers of the Regents.

The examining board was instructed to decide the minimum of practical and theoretical work that should justify recognition by the state, and to send a syllabus to training schools. In addition to the four regular branches (medical, surgical, gynecological and obstetrical nursing), special emphasis was laid on dietetics, the management of contagions, and the care of sick children, while private duty was limited to the last three months of a three-years' course.

In the winter of 1905–6 an attempt was made to amend injuriously the New York act; a bill was introduced by one Cooper to repeal the existing law and substitute a "nursing commission" composed of physicians who were to draw high salaries for their services. The attempt was defeated, a strong

delegation of nurses and medical superintendents of hospitals appearing against it. Its promoters promised to come back every year until they gained their purpose, claiming that their action was in the interests of nurses. Following this, an attempt was made to abolish the board of nurse examiners and substitute a board composed of medical men. This also failed. In April, 1911, the act was again threatened by harmful amendments which were successfully warded off by the state society. Back of these attacks were dissatisfied medical men interested in small hospitals. In June of that year the nurses' legislative committee was enlarged, and met the dissatisfied medical delegates in conference. It was agreed that methods of administration might relieve the tension, and a truce was declared. In 1912, nurses were astonished by a set of resolutions adopted by the men directing the large hospitals in New York, which, in effect, demanded the practical nullification of the whole educational structure of the act. It is possible that when this *History* appears, our poor little provision of one year in high school may have been swept away as an intolerable restriction.[1]

Important incidents in the history of the act have been the appointment of a nurse as inspector of training schools in 1906, and the later formation of a committee of nurses from the state society and their inclusion on the Regents' Advisory Council, which is composed of the deans of professional schools. The first nurse inspector was Miss Alline. She was followed three years later by Miss Annie W. Goodrich, one of the younger superintendents. A New

[1] See *A. J. N.*, April and May, 1912, Editorials.

England woman of high type, Miss Goodrich had been called successively to four of the most important hospitals in New York City, one of which was her own alma mater, the New York and the last, Bellevue, where, as General Superintendent of Training Schools of Bellevue and Allied Hospitals, she held a unique position. In organisation work she is also prominent, and was president of the American nurses' delegation to the London Congress in 1909.

North Carolina.—The first of all to carry a bill through was North Carolina. The state society was formed in 1902, and its bill presented a little over a year later. There was some opposition from several physicians, but "only on general principles" as they explained. The nurses, however, agreed to a mixed board, composed of three nurses, appointed by the state society, and two physicians appointed by the state medical society. Those chiefly instrumental in securing the bill's passage were Miss Mary L. Wyche, and Dr. Richard Lewis, a specially staunch friend. The first requirements of the bill were very slight. For one year no time of training was specified, but a diploma from any reputable general hospital, either public or private, or from a hospital for the insane, admitted its holder to registration. After a year the board was to examine applicants in eight subjects, but still no time for training was specified. But in 1907, North Carolina secured amendments raising the entrance requirement to a high-school education and fixing the training at three years of systematic instruction in a hospital or sanitarium. As there are no large hospitals in North Carolina, this advanced step is all the more creditable. In the

same year, Miss Wyche, still active as a superintendent of nurses and member of the state society, wrote an admirable letter to the president of the State Normal and Industrial College at Greensboro, asking for a thorough-going course of preliminary study to last nine months and give anatomy and physiology, personal and household hygiene, economic and domestic science and dietetics, elementary biology and chemistry, physical culture and classroom demonstration in practical work, with lectures and reading courses; the whole to count for six months in a course of three years. This will no doubt come before long.

New Jersey.—New Jersey gained a registration act in the same year and month, but a little before that of New York. It was, however, scarred by battle and by treachery. New Jersey was unfortunate in having as a near neighbour one of the most powerful and active of corporations that have invented their own methods of teaching nurses. After a desperate struggle the nurses lost the examining board, a licence to practice "the profession of a graduate nurse" being given by the clerk of the county on presentation of a diploma awarded by a training school connected with a hospital of the state where at least two years practical and theoretical training were required before graduation. The society, however, rightly felt that it had gained a point against great odds in securing the requirement of a two-years' hospital course with theoretical and practical training. The words "of the state" protected against correspondence schools outside, and the influence of the New York requirements, with

the Regents' registration of training schools, helped to counteract the discouraging effect of the New Jersey law. The *American Journal of Nursing* said of the contest there:

No other state found its movement for registration so bitterly and so formidably opposed. Through the influence of a Philadelphia organisation, the New Jersey papers not only gave the nurses no support, but vilified their movement. The Philadelphia papers also gave columns to abuse of the nurses and glorification of a short-term course in which the pupils practised on *the poor*. The nurses' statements of their position were returned as 'not wanted.' The *Philadelphia Medical Journal* alone supported the bill. The medical profession in New Jersey was silenced, and although the state medical society had endorsed the nurses' bill, a member of its legislative committee lobbied in opposition and circulated pamphlets among the legislators, setting forth the advantages of short training and urging defeat of the measure.

Yet there were some cheering incidents even in New Jersey. Lay champions were not wanting who were valiant and loyal. After the bill had been passed the rumour was heard that the governor was being pressed to veto it. A nurse, who, by her services to a patient had gained the gratitude of a prominent man, hastened to him with the bad news: "Oh, Judge ——, the governor is going to veto our bill." "H'm! Going to veto it, is he? He 'll sign it if I have to stand over him with a gun." The bill was signed.

In 1911, the New Jersey nurses rallied and set to work to improve their badly-treated act. After a hard winter's work they succeeded in pushing an amended bill through the house, only to have it

lost in the senate. In 1912, they were finally successful, and secured an examining board of nurses, and a requirement of one year in high school.

Virginia. Organised a state society in 1901, its moving spirit and first, now honorary, president, being Miss Cabaniss, a Virginia woman of noble heritage of character and intellect. The Virginia bill was introduced in 1903, and had an exciting career. For a time it was seriously threatened, not on any definite grounds, but simply by "cranky M.D's and young, ill-informed delegates to the state legislature." By the latter it was vehemently denounced as a "Trust" and a "First Step toward Woman Suffrage." Violent opposition of this kind was gradually subdued by tactful handling and good lobbying, and by the opportune appearance of forty-odd nurses upon the floor, when a chivalrous member declared: "I have met the enemy and I am theirs," and the victory was won. The bill was signed in May, 1903, and has never been attacked or weakened. It gives a board of nurse examiners, nominated by the state society and appointed by the governor; requires a training of at least two years, with general instruction, in the wards of a general hospital, and leaves the preliminary education and the standards to be required from training school and hospital to be fixed by the board. After one year of grace, Virginia made it unlawful to practise professional nursing without a licence, but this did not apply to women earning their living as nurses who did not assume to be trained. This was the first example of a mandatory act. The Virginia act has been administered with wisdom and patience, re-

sulting in steady educational progress. Those especially deserving of honours for work in its behalf were Dr. George Ben Johnston and Dr. William S. Gordon; Jean Macara Glasgow, a married nurse, and her husband, a lawyer, who freely gave invaluable services, while among the nurses those of the Old Dominion and the Nurses' Settlement were untiring.

Maryland came next. Her state society was organised in 1903 and a bill presented to the legislature and passed without injurious amendments in the same session. The striking efficiency of the Maryland state society, then as afterwards, was a testimonial to the great energy and high aims of Miss Nutting, its organiser and first president, and her co-workers, and the act showed the good influence of the Johns Hopkins hospital. A whole-hearted support was given by the nurses and the medical profession, opposition only coming from one source, a small hospital whose directors wished to send their pupils to private duty for the gain of their fees. They were defeated. The nurses obtained an examining board appointed by the governor from names nominated by the state society, fixed the age of applicants at twenty-three years, and set an entrance requirement of high-school education, and a three-years' training in one general hospital, or in two or more under the direction of a central school. (This provision is intended to facilitate the affiliation of several hospitals for purposes of training.)

The stand taken by medical men of the highest rank is illustrated by remarks made by Dr. William Welch at one of the meetings:

You have to consider exactly how to proceed to secure the state examining board. I noticed that in several of the states the law was almost imperilled by efforts to secure the presence of physicians upon these examining boards. Now I am quite sure that it is not the function of the physician to examine the nurses. The nurse should not go forth without having come under the guidance of the physician, but your profession is a skilled profession which requires special knowledge possessed by the trained nurse and not by the physician. Akin as the professions of medicine and nursing are, they are still distinct professions, and there is no necessity, in my opinion, and there are certain disadvantages, in the requirement that physicians should be members of the nurses' examining board.

In 1906, an attempt was made to secure an amendment aiming at lower standards which would permit the exploitation of pupils, but it was promptly met by the state society and defeated. After the act went into effect Miss Georgina Ross, then Miss Nutting's assistant, and one of the most practical and efficient of women, was asked by the state society to undertake an inspection of schools, and, so acceptably did she fill this unofficial rôle that an agreement was arrived at among the hospitals of the state by which a uniform minimum of training was arranged for the junior year.

Four states, Indiana, California, Colorado, and Connecticut, passed registration acts in 1905.

Indiana.—The nurses' state society was formed in 1903. When its bill was introduced two years later, open opposition came only from one, the Epworth hospital, which took the stand that there was no

need for registration. The bill granted a full board of nurses appointed by the governor, though it did not say that the state society should nominate. The requirements were: the equivalent of a high-school education, twenty-one years of age, and a course of two years with systematic teaching in a general hospital approved by the examining board. The practice of nursing without registration was forbidden to all who assumed to be trained. Special recognition for loyal and hard work is due to Dr. W. H. Wishard, Mr. William Bosson, who framed the bill, Dr. Maude McConnell, who is both nurse and physician, and Mrs. Sarah Belk Brown, who carried the great mass of details of all kinds. In 1906, a nurse inspector of training schools was appointed, who visited every hospital in the state. In 1907, through the influence of the Lutheran hospital of Fort Wayne, an injurious amendment, lowering the educational standard set by the act from a high-school to a grammar-school requirement, was successfully pushed through the legislature. To offset this the nurses' board prepared a uniform curriculum for training schools, which was issued in January, 1907.

California.—Many troubles attended the registration work in this state. The nurses formed their society in 1903, and brought a bill to the legislature in 1905, asking for the usual board of nurses. Learning that the governor disapproved of administrative boards, they altered their request and made the Regents of the University of California their trustees. The bill was passed that year, but then treason in the ranks showed forth:—several nurses, members of the association, who had attended meetings and

ven no sign of their intent, swiftly launched an position bill of lower educational requirements. hough this died in committee, its sponsor succeeded amending the original bill from a high-school to ammar-school standard, and in reducing the age applicants from twenty-one to eighteen years. An nexpected difficulty now arose in the unwillingness the Regents to administer the law, though Presint Wheeler of the university approved of doing . However, a new governor recommended that e Regents take up the bill. They did so, and ppointed an examining board of five nurses and o physicians, the names of the former being sugsted by the state association. The delay had en so protracted that the time of grace had then apsed, and fresh legislative action will be necessary fore the machinery of the law can be set in motion. feature of the campaign was the excellent organi-

helped very little, they made no objections and the unamended bill was signed in April. The nurses had reason to feel that they were treated with great consideration by the lawmakers, as a gubernatorial contest was in progress, which took just one-half of the legislative hours, and caused many bills to die unnoticed. An interesting feature of the campaign was that the chairman of the senate committee was a Christian Scientist, yet his committee voted unanimously to report the bill favourably. A full nurses' board was granted, appointed by the governor, but not nominated by the society. Members of the board must have had a three years' course in a general hospital or sanitarium giving a systematic training. Requirements for examination obliged applicants to show diplomas from such hospitals as have a standard of instruction and training conforming to the rules prescribed by the nurses' board. The law also provided that after 1906 "it shall be unlawful for any person to practise nursing as a trained, graduate, or registered nurse without a certificate from the board of examiners." Those who do not call themselves trained are allowed to practise without interference as untrained or simply experienced women. The nurses did good campaign work, Miss Louie Croft Boyd carrying off chief honours.

Connecticut organised a state society in 1904 and presented a bill in 1905. It met with strong opposition from physicians who were conducting training schools in small sanatoria, but in spite of this it passed in the same year with no injurious amendments, a tribute to the effective work of the nurses, who were staunch and solid in its support. Especially

deserving of laurels were Miss Charlotte Brown, Miss Mary Gorman, Miss Emma Stowe, Miss R. Inde Albaugh, and other members of the state society. A full board of nurse examiners was secured, but the state society does not nominate. The members are appointed by the governor. The requirements were: age over twenty-one, a diploma from a training school giving a two years' course and connected with a public or private hospital where medical, surgical, and obstetrical cases were cared for; or such preparation as the board should consider equivalent to this. The law specified seven subjects in which examinations were to be passed.

In 1906 several states presented bills, but none was carried. 1907 had a better record.

District of Columbia.—The nurses formed a society in 1903 and had an exciting legislative contest. Before organisation was complete, a meeting was held at which the health officer of the district read to them a bill of his own preparation, which was later introduced into Congress by the district Commissioners. But the nurses, then on the alert, realised that it did not satisfy them, and entered so actively into opposition that they succeeded in killing it. In 1905, they prepared another and presented it themselves. The Commissioners and health officer, eager to retaliate, attacked it, and the nurses finally withdrew their bill as being unsatisfactory. The Commissioners, in 1906, brought in a third bill which the nurses again killed in the House of Representatives. Following up this advantage, they wrote their own bill, rejecting all other advice, looked up their own man to present it,

asked for and obtained hearings, which they managed entirely themselves, brought in petitions from other state societies of nurses, and by skilful management and personal visits, letters, and appeals, got their bill successfully through Congress in about two weeks' time, and it was signed by President Roosevelt on February 9, 1907. The Commissioners, though not endorsing, offered no further opposition. The society naturally felt this to be quite a triumph, the more so as it was all done with an expenditure of no more than ten dollars or so for typewriting. Those especially responsible for this achievement were Miss Paxton, Miss Greenlees, and Miss Lily Kanely, the president of the district association. Miss Nevins, superintendent of Garfield hospital, was a strong ally. The nurses obtained their own examining board, nominated by the society and appointed by the Commissioners. The requirements call for an age over twenty-three, and a diploma from a training school which shall have been registered by the board, provided that none should be so registered unless giving at least two years in a general hospital, all of which is to be determined by the board.

West Virginia formed a state society in 1905 and a bill was presented that same year under the leadership of Harriet Camp Lounsbery, who, before her marriage was the head of the Brooklyn training school and lavished her energies on public service. The bill contained the usual demand for a board of nurse examiners. Defeated as a general proposition on its first appearance, it was again introduced at the session of the legislature in 1907, passed it, and went to the governor for his signature. Only when the

rses were surprised by a veto from the Executive, the ground that the bill was unconstitutional, l any one realise that the constitution of West rginia forbade a woman to hold public office. The ard of nurses was, therefore, impossible. As none the men concerned knew this, it is not surprising at the nurses did not. Mrs. Lounsbery wrote:

I took it while in preparation, to the governor's own al clerk, who did not see the error, and as there was *one senator or representative* who knew that a board of men was unconstitutional, it was passed and went to governor. After his veto we hastily altered the text, oviding for a board of physicians, and it was repassed 1:30 A.M., on the last night of the session.

Several senators, when asked afterwards if they d ever read the constitution of the state, laughed d said "No." The nurses of West Virginia have,

physicians, one of whom directed a private sanitarium and the other a hospital for the insane. The secretary of the board, Dr. Lounsbery, was, however, loyal; the nurses, led by Mrs. Lounsbery, were vigilant, and the aggression was discovered and decisively repelled by energetic protest from the state society. Subsequent efforts at constructive improvement have shown the difference between a nurses' and a medical board. A prominent West Virginia woman said in 1911:

> As yet we have not been able to bring our board to consider the subject of a uniform curriculum for training schools. We are unfortunate in not being able to have nurses on the board. They are excluded because they are not voters, and we have been unable to inspire our board with enough interest in nursing matters to go forward.

New Hampshire formed a state society in 1906 and a registration act was presented and passed in 1907. No opposition nor injurious amendment was offered, and no unusual incident occurred. The board, with one exception, is composed of nurses nominated by the society and appointed by the Regent of the State Boards of Medical Examiners. The Regent himself has the final place on the board. Applicants must be twenty years old, with diplomas from training schools of at least a two years' course, and in other respects approved by the Regent as maintaining proper standards. Miss B. M. Truesdell, superintendent of the Portsmouth hospital, bore the chief responsibility of the successful campaign.

Minnesota.—The state society was formed in 1905 and the bill presented and passed in 1907. No injurious amendments were offered, and no serious opposition was shown. Some objection was offered by the state hospitals for the insane, whose nurses would not be eligible without further training, but these protests were made in a reasonable spirit and the project of affiliation was accepted as meeting the difficulty. The examining board consists of four nurses and one physician, all appointed by the governor. A woman physician was chosen for the first board. The state society does not nominate. The requirements were twenty-one years of age, education admitting to high school, and a three years' systematic course in a general hospital, or in those suitably affiliated for the purpose.

Iowa.—The state society was formed in 1904 and a bill presented in 1905. It was at first defeated on general grounds of opposition to the demand for a board of nurses. In 1907 another attempt was made, but the nurses found that Iowa was hostile to new executive boards. Not only were they told that they could not have it, but that they could not be permitted to withdraw their bill; they must either modify their own demand, or a bill would be passed giving the entire control to a board of medical examiners already in existence. Confronted with this alternative, the state society accepted the inevitable, and with a board consisting of two nurses selected by the State Board of Health, two physicians belonging to the same board, and its secretary, the bill was successfully passed in the session when presented. Though disappointed in the composition of the board, the

Iowa nurses feel that they have an excellent bill. Beginning with a two-year requirement of training, in a general hospital giving a good study course and recognised by the board, with an age of twenty-three years for the applicant for examination, the provision was made that after 1910 no school should be recognised except those attached to general hospitals giving at least three years of training. In 1908, the bill was amended to make registration compulsory for practice as a graduate or registered nurse. The nurses also aim at obtaining a training school inspector. Miss Estelle Campbell, Miss Alice Isaacson, Miss Luella Bristol, Miss Anna C. Goodale, and Dr. Louis A. Thomas were the most prominent workers for legislation.

Illinois formed a state society in 1901 and its bill was presented in 1903, 1905, and again in 1907, when it was finally successful. Illinois, one of the most important states in the Union by reason of its giant city Chicago and its numerous hospitals and training schools, its medical schools, and its ubiquitous politics, had one of the most lively and protracted contests in securing a registration act. It is a state where medical quackery in the form of diploma mills was once most difficult to uproot, and perhaps because of this family history a commercial nursing school of imposing theoretical dimensions, called a college, was able to enroll upon its faculty list the names and titles of numerous physicians. Having no hospital teaching, this foundation quite naturally desired to have the words "work in hospital" stricken out of the nurses' bill. Moreover, the small schools, of which there are a number throughout the state,

ng the ground that the large schools were trying
'put them out of business," also naturally held
roper to defeat, if possible, the nurses' bill.
ring no substantial ground for opposition, as
mination was not compulsory, they looked about
n for support and gained that of the German
heran Synod of Missouri. The novel and in-
ous argument was then advanced that, by having
e supervision of training schools, there was re-
ant a union of State and Church, which, under
federal constitution, is forever forbidden. Their
position was that the simple diploma of a (any)
ning school should suffice for registration. It
rprising that none of this opposition, determined
even bitter though it was, was able to defeat
nurses' bill in the legislature. Twice it was
ed amidst rejoicings, and was sent to the gover-
for his signature, and twice the governor's veto

to explain publicly the meaning and need of registration; Miss Caroline D. Seidensticker, chairman of the legislative committee during all four sessions of 1903, 1905, 1907, and 1909; Mrs. Frederick Tice, who served on all the legislative committees, and, next to the chairman, attended more lobbies than any one else; Miss Minnie Ahrens, superintendent of the Provident, and Sister Ignatius, of Mercy hospital, who gave untiring services. The Sisters of Mercy were from the first in the van of progressive action to attain legal recognition, as their articles in the nursing journals show. Men to whom especial gratitude is due are Dr. George W. Webster, president of the State Board of Health; Dr. George F. Kreider, editor of the *Illinois Medical Journal;* Dr. Jacob Frank, who brought the nurses direct tidings of the enemy's doings in 1905, Francis Donoghue, Robert McMurdy, and Senator A. C. Clarke. Too many to mention here were those nurses, physicians, and laymen who gave work and influence, but they will be found recorded in the nursing journals.

The board of nurses is chosen by the governor but is not appointed by the state society. Applicants must be twenty-three years old, and, after July 1, 1910, must have had a three years' systematic course in a general hospital, or in affiliated special and general hospitals. (This arrangement met the wishes of the managers of the state hospitals for the insane.) The board may make further rules for qualifications to be demanded.

Georgia.—The nurses of this state formed their society in 1907, presented a bill to the legislature

three months after organising, and passed it in the same year, an example of rapid action unequalled elsewhere. Georgia nurses met a sad lack of chivalry from medical men. None helped them and the state medical society appointed a committee to amend the bill. During the campaign a circular letter was sent to all the physicians of the state, urging them to oppose or defeat it, as

> It will work a great deal of inconvenience to the medical profession, and to the general public, by cutting off the supply of available nurses; by putting them in a position where they can be very independent and refuse work when they wish to, and by increasing prices. It will also interfere with the training of young women from good families in the state, that have been unfortunate in their education—thus shutting off the supply of pupil nurses to sanitariums. The latter will, therefore, be forced to employ expensive nurses, thus increasing the outlay of each of them to several thousand dollars a year.

Georgia was also assailed from abroad. In that year the enemy in Pennsylvania was active, and a Philadelphia physician made a pilgrimage to all states where legislation was pending, distributing widely a pamphlet composed of misunderstandings. He was met and refuted by Mrs. A. C. Hartridge, a woman of ability, character, and social position. A good bill was secured with an examining board of nurses nominated by the state society and appointed by the governor. Applicants must be twenty-one years of age and graduates of regularly chartered training schools connected with general hospitals or sanitaria with medical, surgical, gynecological,

and obstetrical services, giving a three years' course with systematic instruction in the same institution or in a properly affiliated group. Mrs. Theodosia Wardell, chairman of the legislative committee, shared the chief honours with Mrs. Hartridge. Their personal work and influence carried the campaign. The necessary expenses were borne by the nurses' associations of Savannah and Atlanta.

Wyoming formed a state society in 1908 and its bill was presented in 1909, passing in the same year. There was little opposition, some slight objection only being offered by a few untrained nurses and the physicians employing them, and no injurious amendments were inserted. On account of the difficulty of holding large meetings in the state, with its broad agricultural extent and few cities, the whole work of passing the bill devolved upon Mrs. Amy E. Miller and Miss Martha A. Converse. The latter wrote:

> We had little opposition and much encouragement in the open-minded Western spirit of the people of the state. Our bill was introduced in the senate by Dr. Price and strongly supported in the house by Dr. Bennett. The work was, however, quite laborious, as the area of the state made it an arduous detail to get into communication with nurses and doctors in the different sections.

The state society nominates the members of the board of nurse examiners, who are appointed by the governor. Applicants must be twenty-one years of age, and possess general qualifications to be fixed by the board. After July, 1910, they must hold diplomas from general hospitals that had been registered

by the board as maintaining satisfactory standards, and giving at least two years of systematic training or three years in affiliated general and special hospitals.

Oklahoma, then the youngest of states, also did well. The state society was formed in 1908, and the nurses got to work at once on a bill which was presented and passed in 1909. This victory was carried in the face of formidable opposition from correspondence schools, the Philadelphia pilgrim arriving in time to scatter leaflets and make speeches against registration. The society secured an examining board of nurses nominated by the society and appointed by the governor. Applicants for registration are to be twenty-one years old, and after five years are to present a high-school certificate and diploma from a general hospital giving a two years' systematic course of training and instruction with

ume kind and extent of service, all of which is left) the board to decide. Ten subjects for examina- on are named. The Washington nurses did very ystematic campaign work through their county ssociations. Every man in the legislature was ersonally interviewed and local influence brought to ear on him. The latest incident of note has been he appointment of a training school inspector or tate Superintendent. One year after the nurses' ill was passed, Washington enfranchised its women, iving a [then] fifth equal-suffrage state to the Union nd making four where nurses had both organisation nd political equality as well.[1]

Nebraska.—Here, too, the extent of territory and omparative sparseness of population made the itial work of organisation difficult for the nurses. state society was formed in 1905, but not until 909 was it strong enough to enter the legislative eld. When its bill was presented, it was at once ttacked by a faction representing a six-months' com- ercial course of training, and so strong was this hos- ile force and so sympathetic the legislature toward he opposition that, in order to maintain their posi- ion and prevent another group from passing a much orse bill, the nurses accepted weakening amend- nents, trusting to time and the growth of popular ducation to upbuild it in the future. The examining oard is of nurses, while the State Board of Health, f which the governor is one member, is the super- isory power. It appoints the nurse examiners, who

[1] **Utah, the fifth,** has no organisation of nurses, nor is the influence **her weird** politico-religious hierarchy favourable to such develop- nt. **California** is now the sixth.

are called secretaries, from an eligible list prepared by the nurses' society. The bill does not indicate that the society nominates, but by the rules of the board it does so. The board of health prescribes the duties of the examiners and makes regulations under the act. The rules of the nurses' board require the examiners to inspect all training schools annually. Applicants must be twenty-one years of age, with an education sufficing for entrance to high school, and a training-school course of two or three years in a hospital, sanitarium, or sanatorium with general service and giving systematic instruction. Graduates from special hospitals giving a two years' course may come up for registration after taking six months' work in a good general hospital. Seven subjects are specified for examination. The legislative committee of the state association, Miss Anna Hardwick, Miss H. J. Fisher, and Miss L. B. Stuff, devoted themselves assiduously to the cause, and merit full recognition for their ability in holding their ground under difficult circumstances.

Texas.—The immense extent of this state with its few scattered nurses gives special prestige to the valiant work they did in organising a society in 1906, at Fort Worth Medical College, with twenty-five members. At this very first meeting the draft of a registration act was drawn up, and Miss Bridges, Miss Jennie S. Cottle (now Mrs. Beaty), Miss Van Doren, and Miss M. M. McKnight, representing the large towns, took up with energy the task of making known the cause and building up the association. Three years were spent thus, until in numbers and finances the society was able to carry the bill into

the legislature of 1909, where it passed successfully, with no injurious amendments, in the same year. No physicians stood forth conspicuously either in opposition or support, but Senators Meacham and the blind, beloved Stephan, with Representative Worthain, were the lay champions who carried the bill to victory. Only one senator opposed the bill on the ground that it excluded the "experienced" woman. The examining board is of nurses, appointed by the governor, but the right of nomination by the society is not specified. The bill forbids practice without registration, except to the untrained, and fixes no standard of training, but empowers the board to do so by its rules. As adopted, these rules require two full years in hospital as the minimum, and forbid undergraduate private duty except for three months in the last of a three years' course. The state society planned working as soon as possible for an amendment asking training schools to provide a systematic course and a curriculum as nearly uniform as possible, and to place graduate nurses, registered in Texas, at the head of each.

Delaware.—In March, 1909, little Delaware came in with an excellent bill requiring three years' training in a general hospital, with a high-school education as an essential preliminary. It has a board of five, three nurses appointed by the governor on the state society's nomination, and two physicians, representing the two dominant medical schools.

Pennsylvania.—From the outset of organisation the nurses of this state met the hostility of vested interests. There are many special hospitals (enjoying state appropriations) and private ones, all, with

few exceptions, conducting training schools. The largest directory in the state had long been controlled by physicians, who discouraged united action among nurses. An association for training pupils in short terms was strongly organised. On the other hand, Pennsylvania has a large number of excellent schools for nurses, thanks to the labours of women whose reputation as nurses and executives is honourable. In the winter of 1904–5, the nurses presented an act to the legislature. Though moderate in its scope, it was promptly defeated by the influence of medical specialists. In 1907, the nurses offered concessions, but still met opposition. Counter organisations went so far as an existence on paper. The *American Journal of Nursing* said in July, 1908 (p. 750): "The Pennsylvania State Committee of Nursing is again working vigorously to frustrate the nurses' efforts to obtain registration. It plans to establish not only a State but a National Board of Regents (medical men) to control registration." But these efforts fell flat, for the state medical association had sent Dr. W. L. Estes to the nurses with a promise to help them. In 1908, renewed efforts to this end were made; the nurses travelled through the state giving addresses of explanation as to what they really wanted and what it meant to the public weal; and in 1909, at the end of the session, their bill went through and was signed. It gives an examining board of five, all to be appointed by the governor; three are physicians, of whom two must be connected in an official capacity with public hospitals having training schools for nurses, and two are nurses, of whom it is only required that they shall

be graduates from schools attached to general surgical and medical hospitals, without specification as to length of training. Applicants must be twenty-one years of age, and have graduated from training schools giving at least two years' course of instruction (no specification is made here of hospital service; and consequently schools which taught their pupils without giving them such service might possibly be recognised), or have received instruction in different training schools or hospitals for periods of time amounting in all to at least two years (such periods to include practical and theoretical training in surgical and medical nursing), and terminated by graduation (from some one or more of said schools or hospitals).

Scanty though this victory was, it was won in the face of extreme odds. The *American Journal of Nursing* said in April, 1907:

> In Pennsylvania the public press has shown a kind of opposition more malicious and vindictive than has been found in any of the other states since the registration movement began. In the name of the medical profession, facts and standards have been falsified and misrepresented to an extent which lowers one's respect for the honesty of the men who have taken part in the opposition.

In 1910, the war was renewed at a lively rate, because certain applicants were deemed by the board of examiners to be insufficiently prepared and were not admitted to examination. The newspapers gave columns to the controversy, which was carried on chiefly by physicians. Those having grievances

ared that "nurses carried kits," "tried to walk
doctors," were "officious meddlers in the sick-
," read medical papers, and reversed medical
rs. Dr. Taylor said: "If this thing keeps on I
ot know what will happen; I see a solution in
ng a half-trained nurse and training her in my
way, under my own orders." He added: "She
ld be a servant. That is her sphere, and it is
onourable one. If she is a servant amenable to
rs, obliging, tactful, considerate, there is no fault
nd with her." Dr. Beates produced a letter
en to the Physicians' National Board of Regents
Dr. Wampler, of Indiana, with this dreadful testi-
y: "The supremacy and autocracy of the trained
e in Indiana confront us."[1] Dr. Beates shud-
l at the "hard-visaged, iron-jawed, close-fisted
h leaders of the nurse-opathic crowd," and

He then went on to state that applicants from a certain institution having presented themselves—"it is the judgment of the board that the school does not give a course which fits a person for the responsibilities of a nurse. . . . The board is convinced that the prime object of the school is entirely of a mercenary character."[1] Dr. Higbee then continued with the plainest possible statement of facts, as to the organisation and methods of the corporation in question, so that, during this newspaper war at least, the whole question of training was thoroughly thrashed out for the benefit of the public in general. Perhaps the most extraordinary thing said in this connection was a statement of Dr. Dulles in a printed pamphlet culled from the *Public Ledger* of October 16, 1908, as follows: "The training schools for the education of women are splendid things, but after all it must be remembered that their purposes are *only educational. Elaborate training in the art of nursing is not essential to the patient. It is only gratifying to the nurses themselves.*[2]

Missouri.—The state society was formed in 1906 and a registration act was presented in 1907. No opposition was met nor amendments offered, but the bill did not reach its third reading before the adjournment of the legislature. In 1909, it went through, practically without opposition, except for some little from the country districts. There is an examining board of nurses appointed by the governor, but

[1] In 1911, a nurse from this institution presented herself for registration, and was refused. She brought suit against the board, but the courts ruled against her and upheld the examining board.

[2] Italics are ours.

not nominated by the society. Applicants must be twenty-one, with a grammar-school education. After 1912, the diploma must be from a training school connected with a general hospital, sanatorium, or special hospital having a two or more years' course and giving systematic instruction, or from one or more affiliated hospitals giving an equivalent course. Dr. Herman Pearce and Dr. James Stewart, with Miss Charlotte B. Forrester, Miss Eleanor Keely, Mrs. Gertrude Gibson, and Mrs. Mabel Long-Freytag were the leaders in the movement. Their section of the country is one of great promise, and gives a fine type of woman to the nursing profession.

Michigan's society was formed in 1904, and a bill presented in 1905, but twice defeated before passing in 1909. Medical opposition was here also the obstacle. It seemed to centre in Detroit, whence came a committee of physicians to argue against the bill. While it was in for the second time, a substitute was unexpectedly introduced by Dr. L. L. Keely providing for control by the state medical board. The nurses wrote: "Had we believed the newspaper articles at this time, we would have given up the fight as hopeless. We did not do so. It was shown that, in spite of the fact that the state medical association, through its legislative committee, opposed the nurses' claims, the majority of individual physicians were our friends, and many were working for us." The nurses' committee districted the state, appointing local chairmen to interview personally every senator and assemblyman; petitions were circulated among physicians, nurses, and the general public, and resolutions obtained from county medical

societies, women's clubs, etc. Nevertheless, before the bill could be passed, the nurses were compelled to make two substantial concessions: one as to their board, and one as to the length of training, which they had wished to fix at three years. They yielded to the two-year minimum, and then agreed to a mixed board. As finally amended it consists of three nurses, one registered physician, and the secretary of the State Board of Health. The governor appoints the examiners with the advice of the senate. Applicants for examination need not be of a minimum age, and shall show diplomas from training schools, connected with hospitals giving a two years' course of training with systematic instruction in a general hospital, state hospital, sanitarium, or special hospital in good standing. The rules for the examination as prescribed by the board shall be sent from time to time to any institution applying therefor. Mr. F. C. Schneider and Representative N. C. Rice were pre-eminently the two friends to whom the nurses' gratitude for loyal service was due, and among the specially active workers were Miss Agnes Deans and Miss Mary Haarer, Miss Elizabeth Parker and Miss Elizabeth Flaws.

After the passage of the act, an incident of an unusual kind occurred. Certain requirements as to training and experience were fixed by the statute for the three nurse examiners. To the surprise and chagrin of the association the governor made an appointment which disregarded these requirements. One of his appointees had not had the necessary years of practice. It seemed oddly

political appointment, for remonstrance
effect. The nurses had, therefore, no alter-
but to carry on a legal contest with the
nor of the state. They did so, without hesita-
and won it too, at a cost of three hundre
s, which seems, after all, a modest sum for de-
g a governor.

ssachusetts.—The state society was formed i
From its inception and even earlier thos
taking the task before them knew it would b
ty one, because of the structure of the Waltha
and the firm determination of its head, D
Worcester, not to alter it. The core of it
n was the training of pupils wholly in privat
under the oversight of the physicians in attend
In recent years some hospital service has bee
, and a most excellent preliminary course i
practical domestic arts which would make i

The Massachusetts nurses introduced their bill in 1904, and again in 1905. Each time the opposition was so overpowering that they withdrew rather than submit to amendments. Defeat was brought about in 1905 by men representing the New England Association, though Dr. Worcester himself did not appear. Again in 1906 an attempt was made with the same result. In 1907, a fresh effort was made. This time the bill was reported favourably to the lower house and passed, only to be unexpectedly defeated in the senate by the defection of a supposed friend. In 1909, having gathered fresh forces and renewed energy, the nurses came forward again. At this time the *American Journal of Nursing* said: "No group of nurses, in their efforts for registration, have had to meet such bitter opposition from physicians of high standing." The opposition was, indeed, formidable—not abusive and vulgar, as in Pennsylvania, but astute and skilful. At last, at one of the hearings in 1909, a substitute bill based on the Waltham method of training having been offered by Dr. C. H. Cook, Dr. Worcester appeared in person to complain that Waltham nurses were excluded from examination in other states and to claim recognition for them in Massachusetts. Ex-Governor Bates, who was in charge of the nurses' bill, asked if he did not think the wisdom of sixteen other states worth more than his own? But the bill failed again. In 1910, always under the leadership of Miss M. M. Riddle, who, as president of the society, had borne the brunt of work and responsibility from the outset, and whose patience and fortitude had never wavered, the Massachusetts nurses' bill finally passed safely

through both houses of the legislature, and was signed by the governor on April 29th. It is by no means the bill that they would have had it, but gives a vantage-point to work from. The careful moderation of its text would seem to leave the dispute with Waltham still unsettled, had not the experience of other states shown that in the powers of the examining boards there is sometimes a reach not indicated in the bare wording of the text. The governor appoints a board of five, three of whom shall be nurses holding diplomas from different training schools for nurses, giving at least a two years' course in the theory and practice of nursing in a hospital, and who shall have had eight years' experience in nursing the sick; one member shall be a physician who is a superintendent of a hospital having a training school for nurses, and the fifth member shall be the secretary of the State Board of Registration in Medicine. Applicants for examination are simply to prove that they are at least twenty-one years old, and of good moral character. Then if, upon examination, the applicant shall be found qualified, she shall be registered. Examinations are to be in part written, and in part practical demonstration, and shall include the principles and methods of nursing.

In 1911, at the end of the legislative session and after the foregoing pages had been written, five more States gained registration victories: Idaho, Oregon, Vermont, Tennessee, Wisconsin. The first secured an excellent bill. An interesting point is that the president of the board is also made the inspector of schools, and it is also noteworthy that, the examining board being composed of two nurses

and one physician, the nurses' society submits the names of both nursing and medical nominees to the governor.

The **Oregon** law is one of the best yet gained, with a board of nurse examiners nominated by the state society, the president of the board made training-school inspector, and a good standard. It met practically no opposition, and was carried through by Miss Linna C. Richardson.

The history of the **Vermont** act is unique, as it was not worked for by nurses at first but was projected and carried through by the efforts of Dr. Charles S. Gale, of Rutland, from disinterested motives, and passed easily, meeting very little opposition. Dr. Gale had had his interest excited by learning that a Vermont nurse had been refused membership in a central directory of New York State because she was not eligible for the state examination, her school not having been registered by the Regents. He then set to work to remove this disability from the nurses of his state, and carried the act through, aided effectively by the chairman of the House Committee on Public Health, Dr. W. N. Bryant. The bill has a moderate educational standard and gives an examining board of two physicians and one nurse.

The **Tennessee** bill had a hard fight, led ably by Miss Lena A. Warner, president of the state society. Though concessions had to be made, it came through well. Its examining board of five nurses must have the endorsement of "the society of nurses to which they belong." The bill is mandatory. **Wisconsin** gained a bill excellent in many respects, with a board of five nurses appointed by the State Board of Health.

After a three years' period of grace applicants shall be admitted to examination if over twenty-one, and graduated from schools giving an adequate and systematic course of training of three years. This course may have been taken either in a good general hospital, not more than three months of the senior year having been given to outside nursing, or in a special one during two years, with a third spent in a good general hospital. To the usual list of subjects for study there is added Nursing Ethics.[1]

In giving this summary of the registration campaign, it has not seemed needful to repeat details which can be found in the given sources of reference, but simply to indicate its character as a part of the educational movement of our day, and as a feature of the advance of women toward legal equality. If it be asked, "What has registration done?" it may be definitely said that even in this short time it has

graduate pupils from all over the Union numbered as many more. It has been found that many schools are glad to have a standard given them, while others could never have been reached except by state officers.

Practical arts have been quickened by state examinations, for nurses' boards lay especial emphasis on dietetics, the personal comfort and skilled handling of the patient, and general management. But there are sheer mountains to be moved, for, with pupil nurses now numbering thousands, the problem of training nurses has become the problem of the home training and early education of the average girl.

The Religious Nursing Orders.—The history of the religious nursing orders in the United States is one of ready adaptation to modern medical and social conditions. Soon after the training-school movement was launched, the Sisters of the various hospital orders began providing instruction for their own novices, and next opened schools for the training of secular nurses. In this new field the first were the Sisters of Mercy in Chicago and the Sisters of St. Mary's in Brooklyn. Their schools were opened in 1889. Next came St. Vincent's in New York, under the Sisters of that order, and with which Miss Sanborn, a New York hospital graduate of winning and dignified presence is closely identified, and that of the Carney in South Boston. Both were opened in 1892. At the present day it is probable that every active hospital order in the country has a more or less well developed training school for nurses, and that each provides also some degree of

training for the Sisters who are to engage in nursing, even though this may not always be as thorough as the preparation of the secular nurse. The Sisters of Mercy, however, are fully trained, taking their hospital course before the completion of their vows; therefore, like the members of Anglican orders, these Sisters take the personal direction of all branches of hospital work, and act as head nurses, operating-room Sister, and superintendent of training school. The standing of the Sisters' schools keeps pace with the others of the communities where they are found. The graduate nurses from the Sisters' schools have their alumnæ associations, join larger groups, and take part in every professional movement. The superintendents are active in their state and national societies, and the Sisters themselves come forth effectively in educational campaigns. The whole registration work owes much to their help. Indeed, there have been no exceptions to the uniform support they have given it. In certain ones of the most actively contested struggles, as Illinois and New York, their alliance has been of a definite and emphatic character, which helped greatly to save the day. The Sisters of Mercy wrote timely articles advocating registration. The Sisters of St. Vincent subdued uncouth legislators. In Maryland, where the orders are strong and have numerous hospitals, their co-operation in the high standard set by the act was general. Miss Ross was admitted to the Sisters' schools in her tours of inspection, and the nuns conferred freely with the members of the examining board.

It is a stirring sequence that brings the Sisters of

Mercy into close comradeship with American nurses, for theirs is the order, described in the Irish chapter, that sent a staff with Miss Nightingale to the Crimea. Sister Mary Ignatius, the Superior of the Mercy Hospital in Chicago, Sister Mary Veronica, superintendent of nurses and principal of the training school, and Sister Mary Rita, the assistant superintendent, are well-known names among Western nurses. Some of the teachers and supervisors in the school are secular. The order was founded in this country in 1843. The initiative and energy of the Sisters are suggested in the lines that follow:

From the beginning, the Sisters in charge of Mercy Hospital have always commanded the very best medical and surgical staff in the Northwest. Whenever new and good methods sprung up they were at once adopted. And so, in the course of time, when bacteriology had proved that germs were the source of disease and infection, and when science had pointed out that scrupulous cleanliness, disinfection, and sterilisation were the best means to use in counteracting their pernicious activity, woman's work became indispensable. With the growth of Chicago, the hospital had also expanded, and it was soon found that the Sisters alone could not attend to the daily growing number of patients. It was the need for more women trained in hospital work that caused the training school for nurses to spring into existence.

The Sisters of Mercy were among the first to recognise the needs of the times and forthwith set about instructing the members of the Sisterhood and young women who manifested a desire to engage in that field of labour. Drs. Andrews, Jaggard, Hall, Davis, and others gave lectures to the Sisters and young women who formed the nucleus of the present training school. Several of

first pupil nurses have followed the call of th
Shepherd and entered the Sisterhood to contin
ood work then begun.

1889 the school for nurses was regularly organis
a charter was secured from the State in 1892.
ge was made in 1901 from the old two years' cour
one month's to a three years' course with tw
hs' probation. In 1905 the school affiliated wi
nwestern University. Since then the nurses grad
with the students of the university. Affiliati
the university gives to the student nurses t
ntages of the laboratories of the medical school
nstitution and they receive their theoretical cou
the direction of the faculty.[1]

Anglican order that here rose to prominence in
ng is that of St. Margaret's,[2] whose work in
country began in the following way: About 1869
al physicians of Boston, desiring to found a

given full charge of the nursing, much of which was done under her own hands, and was finally elected superintendent. In 1873, two more Sisters came from England, and the Community of St. Margaret's in Boston then came into being, with Mother Mary Louisa as its venerated Superior. The first private hospital in Boston was the St. Margaret's Infirmary, which was begun informally in 1881 with a single patient who was taken at her own urgent request. This grew to a large service, and was nursed entirely by the Sisters until its discontinuance five years ago. In 1883, the hospital for children was moved to its present extensive quarters, a convalescent home opened in connection with it, and a new era of growth and efficiency began.

The training school for nurses is established on a solid educational basis, providing a scientific and practical course of instruction for three or more years, and is recognised throughout the country as one of the select group whose methods and standards are unquestioned. A high-school diploma is required of each applicant, with the added requirement of four months of academic work at Simmons College successfully completed before they are formally enrolled pupils. The course includes a compulsory four months of adult nursing at the Massachusetts General, with three months of private nursing under instruction at Corey Hill and six months at the Lying-In as elective courses. The academic work ranges from the preparatory instruction in anatomy, chemistry, and materia medica, through advanced lectures and clinics on special subjects, and the practical work keeps pace

through every department of expert nursing and executive work.

The Sisters have active branches in Newark, N. J., Montreal, and Philadelphia. One who knows them well writes:

> If it may have seemed to any that, in the development of nursing, the Sisters of Mercy belonged only in their mediæval environment and had no place in the modern scientific world, to them a brief survey of the work done by the Sisters of St. Margaret in the very forefront of pioneer reform, and maintained to-day at the highest mark of efficiency, may well be a notable enlightenment. If we go farther, and seek the inner psychological significance as well as the outward material accomplishment, it is not indefensible to suggest that science and religion each find their complement in the other, and only when so joined together do they realise their completest fulfilment. Souls must be cared for as well as bodies, and the absolute consecration and devotion of the religious life must leave its stamp upon the work of nursing—an influence of silent power greatly needed, and too often greatly missed, in the relentless tide of modern hospital life.

Besides its admittedly model character as a training school, the Children's of Boston exerts a salutary influence in general nursing affairs. The Sisters are public-spirited, and Sister Amy, the superintendent of nurses in 1911, is a leader in educational matters. It may seem strange, but is none the less true, that the Sisters are more free to define and maintain educational standards than are some other training-school heads in Boston hospitals, whose positions are too far subjected to the hospital superintendents.

American-Indian Nurses.—Could the Canadian

Sisters of Charity, who first taught Indian women the rudiments of nursing two hundred years ago, look now upon the skilled nurses in uniform belonging to the Indian race, they might well feel a mixture of pleasing sensations. Against the many crimes toward, and colossal misunderstandings of, the red man on the part of the conquering white race, may be offered as partial atonement the work of Indian schools, especially Carlisle, in educating the Indian youth. Carlisle has a list of some twenty or more Indian girls, who, after completing their general education at the United States Indian School, have entered hospitals for training. They all have good, and some exceptional, records. Among them are Charlotte Harris, a Cherokee; Estaiene Depeltquestangue, a Kickapoo; Seichu Atsye, a Pueblo, and others from whom personal notes of professional work have been obtained. An Oneida, named Nancy Cornelius, now dead, was the first Carlisle pupil who received a nurse's diploma. "She was the pioneer Indian nurse" (writes Mr. Friedman, the superintendent) "and was most excellent in her profession." The Indian woman has qualities that fit her excellently for the nurse's calling. Her nerves are under perfect control, and she is quiet and gentle. In cases that demand calmness and quick action she never fails, nor is she ever terrified by the sights and sounds of hospital life.

While Carlisle sends its pupils to well-known large hospitals for training, it has also developed a hospital and training school of its own, which, as lately reorganised, aims at taking first rank in careful, thorough work, though the nurses will continue to be

ained in affiliation with city hospitals. The *ournal* of the Carlisle school says:

A thorough course in nursing is being formulated hich will comprehend recitation work, lectures, de- onstrations, and actual practice. Arrangements are eing completed with the best hospital training schools Philadelphia, such as the German, that of the Univer- ty of Pennsylvania, and the hospitals of other eastern ties, whereby our nurses will be admitted to advanced anding in these schools, after completion of our course. Indians make splendid nurses. By nature they are lapted to this work. The are deft with their fingers, atient and sympathetic with those who are ill. With r well-equipped hospital, a limited number of carefully lected young women will find ideal opportunities for udying this noble profession. Carlisle is fortunate in eing situated near Philadephia, the greatest medical ntre in the United States. A number of Carlisle

Juliette Smith Two-Axe

An Oneida Nurse

Charity E. Collins

Public School Nurse appointed by the city of Atlanta, Ga.

ing, though I did not take it up after my graduation at the Connecticut training school, except one year. Then household duties came on and I have a family of seven to take care of. It is a great help to me.

Mrs. Betty Wind Driven, a Methodist Episcopal graduate, says: "I like nursing in all its branches, and my opinion of it for the Indian girls is that they are gifted with the art of nursing."

A number of the Carlisle nurses have married, and some of the best have died, while others, scattered over the country, are busy, successful, and happy in their work.

American-Negro Nurses.—In the rapid progress of Negro women in nursing may be seen another striking example of the efforts made and achievements accomplished against fearful odds by a people first subjected to the most cruel oppression and then turned loose, as it were, to fend for themselves. Negro applicants to training schools found the way barred to them in most hospitals, though in some states an occasional Negro probationer was taken into good schools, the pioneer coloured nurse, Miss M. E. P. Mahoney having graduated in 1879 from the New England Hospital for Women and Children. To meet the need of training, therefore, the first school was opened in 1891 in the Provident of Chicago, an institution which was founded and partly endowed, and is entirely controlled by coloured people. In the announcement of its incorporation, it is stated that "a number of men imbued with a desire to be useful to others decided to organise a hospital and training school for nurses." The school

was to be *the* feature of the institution, and it has, indeed, worthily attained its purpose. The first superintendent of nurses was Miss Weaver of the Illinois training school, and within twenty years after its foundation the hospital had sent forth more than a hundred well-taught nurses. They come there from every part of the Union and Canada, and many have taken charge of other training schools which have grown up with rapidity in many cities. Philadelphia has the Mercy and the Frederick Douglas Memorial hospitals; Washington, D. C., has the Freedman's; New York City, the Lincoln; Tuskegee and Hampton have their hospital nursing schools, and hospitals in Montgomery, Alabama (Hale Infirmary), New Orleans (Straight University), Taladega (the same name), Savannah (Georgia Sanitarium), Augusta (Lamar Hospital and Burner Sanitarium), Macon (Lincoln Memorial), Atlanta (Atlanta School of Medicine), with others for which space fails, are striving to meet the problems of medical care, and medical and nursing education.

Like other Southern races, the Negro nurses have been chiefly led at first by those of a more experienced race. White superintendents have done some excellent work in coloured training schools. Perhaps the Illinois training school stands first in the number of efficient leaders it has given to Negro women, and the devotion they have shared with their pupils; Miss Minnie Ahrens, in the Provident, Miss Sarah Ebersole, in the Freedman's, have records to be proud of, while their alma mater also claims Miss Lena M. Topping, whose work, even more than theirs, was an exploration into the unknown.

Spelman Seminary is the largest school for Negro women in the world, and was founded in 1881 by two New England teachers, under the auspices of the Baptist Home Mission Society of the North. In 1886 a department of nurse training was opened, though without equipment or hospital work, the instruction being given by the teachers. In 1890, Miss Stevens, of the Massachusetts General, came for three years, followed by Miss Topping, who succeeded, after heroic efforts, in convincing the faculty that an entire reorganisation must take place for the pupils in nursing. She obtained a co-worker, Miss Lawson, from the Presbyterian in Chicago, and during sixteen years these two achieved the most heroic, conscientious work of which nurses are capable. They succeeded in creating a real hospital, the Mac-Vicar, and in seeing their work soundly established, Miss Lawson directing the hospital while Miss Topping remained superintendent of nurses. In 1910, their course was extended to three years, and post-graduate work organised.

Tuskegee has a good three years' course, and cannot meet the demands made upon it. Booker Washington writes: "From the first, training for the profession of nursing has been popular among the young women at Tuskegee, and there has been no occupation in which our graduates have met with more success or have been of more service, both to the members of their own race and to the white people of the South."[1] Tuskegee sent five nurses to the Spanish-American War.

[1] "Training Coloured Nurses at Tuskegee," *A. J. N.*, December, 1910, p. 167.

oured women make excellent nurses. To their
al gifts of tact and skilful handling are added
melodious voices, sympathetic natures, and
sm. They are especially successful in private
and in district work, and are on the staffs of a
er of visiting nurse associations. In the New
Nurses' Settlement the Negro nurses are held
g the most valuable members, not only for
nursing, but for intelligent altruism. The
nurses of the country formed a national as-
ion in 1908, which is a vital force for their
sional progress. These women have all the
problems of the nurse to meet, with an addi-
one—the cruel handicap of race prejudice,
ing, it must be, in the white race, from a sense
lt. While the nursing community was small,
s free from this antisocial feeling, but as it

layed and weak. The journal was first proposed by Louise Darche at the meeting of the American Society of Superintendents of Training Schools for Nurses in Boston, 1896, and before the next, Miss M. E. P. Davis and Miss Palmer had made an exhaustive inquiry into ways and means, interviewed publishers, and collected data of cost. But when, at Philadelphia, the plan of founding a national association of nurses took shape, it was felt that a national journal should be the first task of this more representative body. The Associated Alumnæ took up the task at its first meeting in 1898 and Miss Nutting, Miss Palmer, Miss Harrington, and Mrs. Robb were appointed as the first Journal Committee. At the next meeting, Miss Davis, Miss Stevenson, and Miss Fulmer were added, and in January, 1900, the project was completed, the practical business details being carried through by the indomitable will of Miss Davis.

A stock company was formed, no one outside the profession being allowed to hold shares, and it was determined that, as the national body became strong enough financially to buy over at least a controlling share of the stock, it would do so. The journal appeared in October, 1900, its editor, Miss Palmer, and her collaborators giving their services until it should be on a paying basis. At the end of one year its financial soundness was certain, and all doubt as to the ability of nurses to control and edit a national journal was past.[1] Ten years after its

[1] "Short History of the Founding of the *American Journal of Nursing*," by M. E. P. Davis. *Reports*, International Conference of Nurses, Paris, 1907.

appearance its ownership by the national body was an accomplished fact, due chiefly to the sustained and generous gifts of local societies and of individuals whose shares of stock were turned in as gifts or who gave sums of money to the Journal Purchase Fund.

In 1904, the nurses of California, encouraged by the success of the national journal, and feeling the immensity of their own section, established the *Nurses' Journal of the Pacific Coast*, which rapidly became the special organ of nurses' societies in the far West. Its first editor, pilot, and, we may say, creator, Miss Genevieve Cooke, started it, rescued it from the ruins of the earthquake, and set it upon a strong foundation. It upholds the highest standards and takes an advanced position on the Woman Question.

Another journal of national importance is the *Visiting Nurse Quarterly*, published by the Visiting Nurse Association of Cleveland. Among the quarterlies or monthlies of more local character, important ones are the *Quarterly* of the Illinois State Society and that of the Johns Hopkins Alumnæ Association.

The National Society.—In its brief existence the national society of nurses, now the American Nurses' Association,[1] has accomplished some fairly large things in a very direct and simple way, with few words and no strife, deciding important undertakings as briefly and quietly as orders in the wards are given and taken. To the Journal Purchase Fund and the Isabel Hampton Robb Memorial it has added another

[1] The articles were amended and name changed in 1911.

responsibility—that of an endowment called the "Nurses' Relief Fund" for old age, accident, and invalidism, and in its fifteen years it has subscribed about $30,000 to these objects. The society is becoming yearly more influential and more widely connected with other national bodies of women and men. Within its circle the superintendents and their graduates work side by side, and while the former often guide, they do so as individuals. Perhaps the most far-reaching thing the society has done in home affairs has been its election of an interstate secretary. The work done by this officer welds the whole country into one family and brings the experience of each section to the service of all. Two Western women have held this post: Miss Sarah E. Sly, of Michigan, first; and next Miss Isabel McIsaac, for some years superintendent of the Illinois training school, and, in 1912, head of the Army Nurse Corps.

War Service and the Red Cross.—Up to the time of the Spanish-American War, the Red Cross Society of the United States had taken no concerted steps toward securing a skilled nursing service. Miss Clara Barton, its first president, a heroic, solitary figure, whose public service had begun in civil-war times, had accompanied the German ambulances in 1870 and imbued herself so thoroughly with the principles upon which nursing relief at that time was based that she kept the volunteer character of such work unchanged. After her long presidency, the American Red Cross underwent a reorganisation, and then from its officers there came a recognition of

the new profession that must ever be gratifying to its members.

The nurses themselves had some share in the affiliation that resulted, as we shall briefly indicate.

At their national meeting in 1898, Mrs. Robb brought the subject before them in her opening address, saying:

> . . . I wish to speak on a serious and unexpected question . . .; it is the attitude that this association shall take toward the present war. We all know that certain facilities are offered for securing care for the sick and wounded soldiers in connection with the Red Cross. At the same time we all appreciate the fact that, while it is an organised society, it does not represent the greatest or best skill in nursing in the country. We do know that our association represents numbers and skill, consequently it becomes your duty as delegates to decide

Daughters of the American Revolution, with a woman physician as director (Dr. Anita Newcomb McGee). Visions of what splendid systematic work might be done if the nursing might only be in the hands of the nurses themselves, supplemented by the extra supplies so generously provided by the D. A. R., the Red Cross, and other societies, floated before us, but it was not to be. The chaos and confusion that reigned supreme at first, owing to the suddenness and greatness of the emergency, were intensified and prolonged by the lack of experience on the part of those into whose hands the work was entrusted. This, and the appointments made from all varieties of women mentioned above, resulted in much bad nursing, a worse morale, and in a total lack of standard or system. [The first nurses employed by the American Medical Department were sent to Florida on May 10, 1898. Thereafter there were from one hundred to twelve hundred nurses in the employ of the government.] How long such a condition would have continued to exist it is hard to say, had not the situation been saved by the assistance and admirable work rendered by Red Cross Auxiliary No. 3.

A brief word in explanation of these auxiliaries. They did not form a permanent part of the American Red Cross, but were made up of a number of patriotic men and women who organised for the purpose of raising funds to assist the government in any way, and to relieve the needs and suffering of the sick soldiers. After the war was over, they disbanded. Auxiliary No. 3 was organised for the express purpose of supplying and maintaining trained nurses in army hospitals. Too much cannot be said in praise of the work it accomplished, hampered as its members were by being only auxiliaries and not the controlling head. It was through this auxiliary that the best nursing was done. It put itself at once in touch with trained nurses of experience and ability, and con-

tinued to co-operate with them to the end. But with lack of experience at the head of the service and with nurses recruited from a variety of sources, there was necessarily much chaff among the wheat.

A certain amount of good nursing was done, but not half of what could have been accomplished with proper management. Many good nurses who went into the army hospitals in the summer returned home, because they could not tolerate the lack of discipline and the looseness of work and conduct, or because they could not conscientiously serve under the young, inexperienced, and indiscreet women placed over them. Do not understand me as saying that all was unsatisfactory, for, just when the stress was greatest, the superintendents with their nurses, chosen by the Red Cross Auxiliary No. 3, did much to minimise the lamentable state of affairs which had existed at that time.

Superintendents of note who took charge of army

ıough short, it duplicated some of the incidents Miss Nightingale's work in the Crimea.

Soon after war was declared between Spain and the ıited States, it became known that the soldiers in the fferent Camps of Instruction, where epidemics existed, ere suffering from lack of nursing. Through the ac-ity of the Third Auxiliary of the Red Cross, a fund of ıe hundred thousand dollars was soon available, the ırgeon-General finally persuaded to send nurses through e established channels to the different camps, and was my good fortune to be appointed Chief Nurse Sternburg Hospital,[1] Camp Thomas, Chickamauga ark, Georgia.

Imagine a beautiful park, under the shadow of Look-ıt Mountain, partially surrounded by the historic lissionary Ridge, with perfect roadways, adorned by ırubs and trees from many climes, with here and there monument marking the bloody contest that had taken ace upon that field during the Civil War! Amid these ıcturesque surroundings, Camp Thomas was established ıd about fifty thousand of our volunteer troops were ıcamped there.

Early in July, Colonel John Van Rensselaer Hoff took harge, relieving Colonel Hartseff. The condition of the ımp was found to be unsanitary, and Chickamauga be-ame a by-word for all that was bad. Colonel Hoff has escribed the situation as serious, typhoid fever was epi-emic, and the division hospitals, never intended for such urposes, were unable to care for such cases. He felt ıe urgent need of a "cleaning hospital" large enough) take a thousand patients, telegraphed his views to ıe Surgeon-General and secured the needed authority. he next is told in his own words:

[1] Named for the Surgeon-General.

"While I was wondering where I was to find a trained nursing force to care for the many serious cases, Miss Cromeline (now Mrs. Lee) came to Chickamauga as the representative of the Red Cross, and requested permission to supply the nursing staff for the new hospital. This was indeed a relief to my mind, and with the approval of the Surgeon-General the offer of the Red Cross was accepted.

"I can only add that I shall never be able fully to express my sense of relief, when you and your nurses took charge of the service at Sternburg hospital."

As a matter of fact, the mortality rate at Chickamauga bears testimony to the good professional work done there in spite of the adverse circumstances. The population ran close to 50,000 men, many more than in any other camp. The death-rate from all causes was eighteen per thousand. The rate at Jacksonville was twenty-six, and at Alger and Meade twenty-one and eight-tenths per thousand.

and all bed supplies, except rubber sheeting. About half the necessary amount was secured from the commissary. Soldiers' ponchos had to be pressed into service, and when these were exhausted, the infected mattresses had to be burned.

The beds made ready, the cars containing utensils arrived, and it was decided to receive two hundred patients on the second of August. They came, two in an ambulance; the black procession could be seen stretching through the park for over a mile. Most of the patients were started hours before, and their condition on arrival can better be imagined than described. Many were wildly delirious, their burning bodies in a filthy condition, dead flies were found embedded in the coatings removed from their mouths, and there were numbers with bedsores of a magnitude unknown in the present day. When these two hundred sick men were deposited in their beds, what was my horror to find the supply of milk and nourishment insufficient for the night (we supplemented it by the foods we had brought in our trunks).

But one sink for the disposal of discharges had been dug; the bed-pans and other utensils were not yet unloaded from the train that brought them. I was informed by the commissary that it was after six o'clock, that all work was suspended for the day, and the utensils could not be unpacked until the next; moreover, that inventories and requisitions would be required before they could be put into use. The authorities were then informed that I would open the cars by force, if necessary, rather than expose our already over-worked nurses to the dangers of infection. They yielded, the cars were unloaded, and a line of nurses formed to carry the supplies to their tents, so that our patients could receive the proper care. No adequate water facilities were provided, although I was informed that the government could have secured a pure water supply for the entire camp, by paying for

the use of the water of Crawfish spring, just outside the park. For days the water was brought in hogsheads insufficient for our needs. Cold water was later piped into the camp, and after three weeks I learned, through a member of the engineer corps, that a hot-water plant could be readily constructed: this was done within thirty-six hours after the requisition was signed.

The laundry work for the camp was contracted for by a firm in Chattanooga, and so little conception had they of the work before them, that they sent a boy with a mule and cart to remove a tent full of soiled linen. I personally listed these clothes (over eight hundred pieces), the condition of which was indescribable.

Only one pound of carbolic was found, chloride of lime was secured at Chattanooga, and linen was much damaged by its use. The trenches between the tents, and the ground, saturated with typhoid bacilli, where the buckets stood, were finally disinfected, but not until the entire camp had been exposed to the infection from the millions of flies that gathered about these spots.

The equipment, except that there was no crematory, was generous, and after the sixty-cent ration was declared, the food for the patients was sufficient.

The chief difficulties arose from lack of proper administration. As an example of the hopeless confusion, no provision was made to record or place in safety the money and valuables of the sick soldiers. The beds were not numbered, the sections were not lettered, although numbers and letters were prepared before we arrived. The valuables were difficult to trace, and the patients got lost, because there was no method of identification. Sentinels had to be placed over the linen, because of the slow return from the laundry.

The nurses were sent to the camp by Dr. Anita Newcomb McGee, appointed by the Surgeon-General as Chief of the Nursing Staff. On requisition made to

Washington, quarters, maintenance, and travelling expenses were provided by the Third Auxiliary of the Red Cross. Every part of the United States was represented, and I cannot speak too warmly of the splendid self-forgetfulness, self-sacrifice, and devotion shown by the nurses who worked uncomplainingly through the long hours, amid many physical discomforts, under a broiling August sun, unrelieved by even a passing breeze.

As each detachment of nurses arrived, the conditions of hospital and camp life were explained. A head nurse was placed in charge of each section (10 tents; 40 beds), and day and night staffs provided as the severity of the cases demanded.

All being graduated nurses it was urged that we work harmoniously under authority, that we set standards by which we could prove our fitness to undertake patriotic service for our country, that our best effort was expected as the public would judge us critically, that we must "make good," as the future of army nursing lay in our hands. I must truthfully record that there were failures, as in all human lives. To our deep regret, some were not strong enough to withstand the temptations of camp life.

One of the greatest privileges was helping to fit out the hospital trains that carried the regiments back to their homes. The New Hampshire regiment took home our sickest men, many of them at the point of death. I was not permitted to furnish nurses from our own corps, so offered the services of three sick nurses "going on furlough" till others could be procured en route. As no relief was secured, these nurses worked constantly, forty-eight hours, and helped to bring every man through to his home alive.

Unfortunately, fourteen of our corps contracted typhoid fever. They were sent at once to their homes, and all recovered save one.

Late in August the regiments were ordered away, and as they departed, our hospital corps men were daily being thinned out. Washington was asked to supply, and declined. The commanding officer, when appealed to, laughed, saying: "You have had everything you have asked for," and although he had previously criticised my over-working the nurses, he refused to give us help. He was informed that the nursing staff could not be left helpless, with over five hundred sick men to care for without orderlies, and that several millionaires stood ready to furnish orderlies to the camp if the government would permit. Otherwise I would be obliged to ask to have the nurses withdrawn at once. Within twenty-four hours the commander sent the orderlies, who proved themselves most efficient.

The fine courage of the soldiers, who gave up their lives without tasting the glory of battle: the courtesy and kindness shown us by the officers and medical staff, the generosity of the multitude of societies and friends

Anna C. Maxwell

Superintendent of Nurses, Presbyterian Hospital, New York City

every effort in their power to bring an efficient army-nursing service into being, and for many of them, this subject filled every free moment by day and far into the night, with the most laborious details of correspondence and study. "While leading nurses were pondering over the possibilities of working out a creditable army-nurse service on a right basis," said Mrs. Robb at the second annual convention, "the women and men who had been active in the auxiliary work were also pondering the same thing, and there were among them not a few who were willing to continue their labours to this end when once satisfied that nurses of the right status were willing to take up this new field of work."

In December, 1898, in the training school of the New York hospital, Mrs. Winthrop Cowdin, Mrs. Whitelaw Reid, and others prominent in the war relief work met the executive committee members of the Associated Alumnæ to confer on plans for securing a permanent army-nurse corps. As a result of this conference a joint committee was chosen to draw up a bill to present to Congress. The nurses placed on it were Miss Irene Sutliffe, Miss Maxwell, Miss Wadley, Mrs. Robb, and Miss Eleanor M. Wood. Space forbids our following the ups and downs of the army-nursing bill. It finally passed Congress in February, 1901, and Mrs. Dita H. Kinney, a graduate of the Massachusetts General, was placed at the head of the army nurses, serving until 1910, when she was succeeded by Miss Jane A. Delano, a Bellevue woman, who had had a varied and eminent career in nursing, including the superintendency of

her own alma mater.[1] After two years, Miss Delano withdrew to give her services to the Red Cross. The army-nursing bill had met the opposition of the older leaders of the Red Cross, but the support of those who held to the newer ideas, and after reorganisation an informal committee of prominent nurses went to Washington to visit its officers, and ask that some sound basis for Red Cross nursing be sought. Their suggestions were well received and, an informal conference was held in New York in February, 1904, between Red Cross officials and nurses. From these meetings grew a final close relation, and on December 20, 1909, the Red Cross War Relief Board appointed a Central Committee on Nursing Service, on which ten nurses were placed. Miss Delano was made chairman of this central committee, the *Red Cross Bulletin* for October making this comment:

> By this arrangement the whole system of the Regular Army Nursing Corps and Red Cross Nursing Corps will be placed under one head, so that in case of war the plans for Red Cross nursing assistance will fall into complete accord with the demands of the army medical service. Miss Delano will, therefore, be not only fully advised as to the regular nursing strength of the army corps, but will know exactly the status of the volunteer aid of the Red Cross Nursing Corps.

Under the new plan state groups form branches of the Red Cross, and in each state a committee, on

[1] See *Nursing in the U. S. Army*, by Dita H. Kinney, Superintendent, Army Nurse Corps. *Reports*, International Council of Nurses, Berlin, 1904.

which leading nurses are placed, is charged with the enrolment of nurses for service. It will be seen, by comparison with foreign provisions for the nursing service of the Red Cross, that in no other country have nurses been met upon a higher plane or more honourably treated with as allies and co-workers by Red Cross officers.

Following the example of the army, though slowly, the navy established a nurse corps by Act of Congress in May, 1908. Five years before, Medical Director Boyd had drafted a bill which, had it passed Congress, would have secured advantages that must now be gained slowly. It failed, and the bill of 1908 owed its success largely to the efforts of Admiral Presley M. Rixey, who, when it finally passed, was Surgeon-General of the Navy. He was a firm advocate of nursing service, and for six years worked steadily to overcome the prejudice against it that was cherished by many of the older naval officers and, also, many of the naval physicians. The first Superintendent of Nurses for the Navy, Miss Esther V. Hasson, was appointed in August, 1908, and the first twenty nurses were soon after detailed to duty at the Naval Medical School Hospital in Washington. It is not anticipated that nurses will ever be placed on war ships, though it is expected that, in time, they will be assigned to duty on all hospital ships. They will serve in the shore hospitals, of which there are eighteen or twenty in the navy.[1]

Social Service.—The most prominent variation from the old to the new type of nursing is that called

[1] "The Navy Nurse Corps," *A. J. N.*, March, 1909.

"social service" (the word "service" being a current technical term in use in hospitals), as distinguished from institutional service. The term arose naturally, yet we may ask whether Miss Nightingale's expression "health nursing" is not truer and more self-explanatory. For the new, rapidly multiplying lines which are broadening the nurses' horizon and enlarging her fields, setting, at the same time, a new standard by which she is to be measured, all tend to the prevention of illness and its ensuing wretchedness by the intelligent nurture of health and health-making conditions. Under this influence the nurse is rapidly being "socialised"; made a part of a community plan for communal health, and, in addition to her professional equipment, which now, more than ever, must be of the best, she is called upon to show much knowledge of a very different, yet related kind, attainable only through a truly "higher education." Besides her technical skill, dexterity, and practice in observing and interpreting physical symptoms, she must acquire a social skill in observing and interpreting social symptoms, directly linked as they are with the physical destiny of the individual patient.

All divisions of social service are found in embryo in the daily round of visiting nurses, and it has been chiefly due to their initiative that many now highly organised specialties have been developed from their daily tasks. We have said that the nurse is rapidly becoming socialised; it is good to know that she has had much to do with bringing this about. It is significant that, in countries where the district nurse is closely subordinated as the arm of a con-

trolling body, she remains a strictly ameliorative agent, submitting silently to unjust social conditions, but that where she is able to exert initiative she tends to an original upbuilding of work along preventive lines, and makes protest against wrong. The new motive power is civic intelligence, closely akin to the mission spirit, but with a different symbolism and direction. Instead of proselyting with reference to another world, it educates for useful, happy, and honourable citizenship in this, leaving to each the religion of his choice. Yet it is not a contradiction of any other ideal, but the sum total of all.

The lay world already had its pioneers in this path: Arnold Toynbee, Jane Addams, and the College Settlements, but they had never been heard of by a young probationer from Rochester, Lillian D. Wald, when she went to the New York hospital in the days of Miss Sutliffe's sunny influence there. Young and inexperienced, with an indulged and petted girl's family life behind her, Miss Wald seems to have had, in entering the hospital, no more conscious purpose than abounding energy of mind and body and an overflowing good-will. After training, she, one day, followed a tenement-house mother to her home and there experienced what she has called her "spiritual baptism." The impression received gave direction to her life, and in 1893 she persuaded one of her classmates, Miss Mary Brewster, to go with her into the most crowded tenement-house quarter to live. (The support of the two was guaranteed by friends and the entire subsequent development has been financed by voluntary gifts of individuals or groups.) Only then did they learn of the existence of settle-

ments. Now the one that has grown from their little fifth-story flat is as notable in its different way as Hull House.

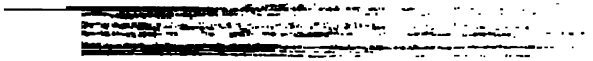
The first time that Miss Wald described her work to nurses was in 1901, and from that earliest account we quote those parts which especially interest them:

About eight years ago tenement-house life in its most pitiable aspect was presented to me. I had been giving a course of lessons in home nursing to a group of proletarians from the older world—a people who find a renewal of hope in New York, if not for themselves, at least for their children. One morning, one of the women of the class was not present and her little daughter came to ask me to call upon her mother, as she was ill. Despite my experience in a large metropolitan hospital, and the subsequent knowledge gained through a year's residence in a reformatory and asylum for the waifs of New York, the exposure of that rear tenement in the lower East Side was a most terrible shock—a shock that was at first benumbing. . . .

Upon further acquaintance with the house and neighbourhood, I learned that kindly intention from the outside had not been wholly absent. The visitor from a medical dispensary had called, and, touched by the poverty of the place, had sent a bottle of beef extract with the directions for use printed on it, but there was no one in the house who could read English. Other charitable persons had sent coal; but my nurse's instinct revolted at the knowledge that nobody had washed the woman, made her bed, or performed any of the offices that every human creature should feel entitled to in like condition. I will not take time now to describe all of the circumstances, nor my reflections on the responsibilities of the community, as they appeared to me, to

Lillian D. Wald

of the Nurses' Settlement, New York City. Taken during training in the New York Hospital



this one family. To me, personally, it was a call to live near such conditions. . . .

To a friend the plan was suggested: "Let us two nurses move into that neighbourhood—let us give our services as nurses—let us contribute our sense of citizenship to what seems an alien community in a so-called democratic country." . . . Having formulated some necessary details of the plan, we proceeded to look for suitable quarters, and in the search discovered the "settlement."

The life possible through making our home among the people in a simple, informal way, led us easily and naturally into all the questions that affected them. Through our visits to the children and our interests in their general welfare, we learned of the unsatisfactory school conditions and of the absurdity of a compulsory school law when there was not adequate school accommodation for the children. Such knowledge as came to our notice, such effective protest as would illustrate the conditions of our neighbourhood, was brought before a suitable public, individuals, or societies especially concerned, whenever occasion could be found or made. The women on the lower floors in the tenement where we lived were employed in the needle trades, and unbearable treatment at the hands of a foreman had moved them and their fellow-workers to agitate for trade organisation. In the search for some one of their own sex who could speak for them, in what they called "better English," they came to us, and that was our first introduction to the protest of the workers which is expressed in Trades-Unionism.

A semi-official recognition by the Board of Health gave us the privilege of inspection of the tenements, and valuable information was thus stored up toward the housing problem. The experience thus gained had its share of influence in the general education of the public,

which later led to the Tenement-House Exhibit; to the appointment of a Tenement House Commission under Governor Roosevelt, and a final creation of a separate department for the city of New York. One of the members of the settlement [Miss Wald], took active part in the movement, and was one of the two women on the jury of awards for plans of model tenement houses. Through her efforts to obtain a legacy that had been bequeathed for a fountain somewhere in the city, the Schiff fountain was erected in the neighbourhood of the settlement, and was the strong influence in deciding an adjacent site for a park and public playground, to make place for which no more congested and unsightly rookeries could have been demolished.

To meet the rightful demand of the children for play, we conducted in our yards one of the first playgrounds in the city. It was an experimental station, in a way, as well as an enlightenment of the general public, and was instrumental in helping to develop public feeling in the matter.

The workers of the settlement can look with gratification upon the increasing interest in public-school matters affecting their neighbourhood as in part the result of their efforts to bring public attention to the lack of room for the children in the schools and to bring the interests of their localities directly to school boards. One of the household was for a time a school inspector, but, whether in official relationship or not, the members have been frequently consulted by those in authority on the Board of Education.

From the needs of the neighbourhood has sprung the service that we call "first aid rooms," in several crowded quarters. In each one a nurse is in attendance at certain hours of the day, and cases that require dressings, fresh cuts, old wounds, simple eye cases, eczemas, etc., are treated. These are such nursing cases

as might be attended to by the members of the families, if the mothers had sufficient leisure or knowledge. Many of them are sent by the physicians of the large dispensaries who have not confidence that the parents will apply ointments, dress wounds, or syringe ears daily and in a cleanly way. These are often school children, and the nurse is thus able to care for a greater number than would be possible if she went to them. This work has also a direct bearing on the school attendance of the children, and though many of the cases are not important from a medical point of view, they are of the utmost importance from the educational standpoint, as the children are sent home by medical school inspectors, and, not being allowed to re-enter while the trouble continues, often miss much precious school time, for it must be remembered that few of these children can attend school after fourteen; at that age they all begin wage-earning. As an illustration, I knew of a lad of twelve years who had never been in school because of eczema of the scalp. True, the mother had gone to dispensaries and obtained ointments, but the over-driven, worn-out woman said they did no good. [The school nurse was not then in existence.] Careful epilation, systematic disinfection, and application of the medicament were so successful that, when school opened in the fall, I had the pleasure of placing the boy there for the first time in his life.

Our nursing work is the reason for our being, and from it all our other activities have had a natural and unforced growth. We conceive the underlying thought of the district nurse to be that of neighbourliness, and plan to have each nurse work in a small district in close touch with the settlement house that she belongs to, that recourse may be had to it in emergency as quickly as possible. . . .

The various needs of the patient are kept vividly in

mind. From what we call the "settlement point of view," we believe that the patients should know the nurse as a social being rather than as an official visitor, and that all legitimate relationships which follow from her introduction as nurse shall be allowed to take place. It is good from this point of view that the patient should know the home of the nurse, and that the latter should be intelligent about the housing conditions, the educational provisions, and the social life of the neighbourhood in which she works and lives. From this motive has come the opportunity for the settlement to show where the neighbourhood has been neglected, and to bring into communication the different elements of society that go to make up a great city. We think and feel sincerely that the relationship is reciprocal, that we are partaking of the larger life, that society in general has closed the avenues that lead to this knowledge, and that the different elements of society need one another. . . .

The part that Miss Wald herself came to take in public affairs of moment and the remarkable prestige that she gained as a leader in all manner of civic, educational, and humanitarian movements can hardly yet be told in full, even did our space permit. But there is no doubt that, in the future, her name will rank with those great nurses of the past, whose activities far outran the single service of aid to the sick. For, beginning as an obscure visiting nurse, she has come to be called into consultation with the members of one city administration after another; has sat on varied public commissions; counselled with a governor about the immigrant; interfered successfully with a President and his Cabinet in behalf of a Russian refugee; and addressed a committee of Congress on the need of saving the nation's children.

Perhaps, as nurses, we may take especial pride in knowing that the suggestion of a Federal Children's Bureau was first hers, as well as much of the most persuasive work carried on in its behalf.[1]

In 1900, a similar group was led by Miss Cabaniss and Miss Minor in Richmond. The settlement which they built up there is a rare example of co-operative work. The rent of a suitable house was covered by letting rooms to private nurses,—they, in turn, promising to give certain portion of their time to the district nursing, while the additional calls were at first met by the members of a class of pupils in the Old Dominion hospital, who gave all their hours and afternoons off duty to the district patients. Miss Cabaniss, during her years in the hospital as superintendent of nurses, had so thoroughly imbued her pupils with altruism that, when she withdrew to the settlement, her graduates were ready to help in any and every way. Little by little a permanent salaried staff has been built up and the work developed in every direction. Here, too, the residents aimed at taking a share in civic affairs. The character and social standing of the two founders, their serious purpose and trained judgment, quickly gave them great influence, and they have made the settlement a centre for progressive movements of all kinds. There was brought about the first affiliation of the various charities, and a room given for a Charity Organisation office.

Their first large undertaking was the improvement of the almshouse nursing service. This, indeed,

[1] For full details see *Handbook of Settlements*, pub. by Russell Sage Foundation 1911, pp. 205–211.

been projected by Miss Cabaniss in her hospital
s, and now they persuaded the authorities to let
n engage good, reliable women as attendants, for
se training in the wards they would themselves
esponsible. It was hoped that by beginning in
way a definite improvement might be gradually
ined. The experiment went well enough until
me too close to political interests. "When we
ited the committee from the City Fathers for
r support of a regular code of hospital regulations"
te Miss Cabaniss), "a perfect howl went up, and
were remonstrated with for casting slurs upon a
ch of municipal government which, up to the
of our speaking, had escaped all suggestion
orruption; . . . when the physician-in-chief re-
ted his agreement to assist his juniors, our in-
es, in instructing our class of pupils, our plans
psed."

number of neglected children to live. Miss Aimée de Turbeville, between private cases, gave her services free to visiting nursing, finally building up a full service. Through her efforts there were obtained a day nursery, a dispensary, free baths, and a country home for children. Telegraph Hill, the newest settlement, was founded by Miss Betty Ashe, who, beginning with an interest in children, went to the Presbyterian in New York to be trained under Miss Maxwell, in order to equip herself more fully for social work. Under her buoyant and broad-minded leadership, all kinds of social and nursing service are carried on, and a comprehensive view of the needs of the city as a whole is maintained. The visiting nurses of San Francisco were made auxiliary health inspectors, and the enactment making tuberculosis reportable there was brought about by a nurse.

Briefest mention only can we give to the original work built up by Miss Lydia Holman in the mountains of North Carolina, first in living as a nurse among the mountaineers under the wildest circumstances of remoteness, with no doctor less than thirty miles away; then travelling to the cities to gather resources for her little hospital.

Public-school nursing, one of the most vigorous of the new specialties, has owed its beginnings almost always to the promptings of the visiting nurse. It was the English example that determined Miss Wald, a friend of Miss Hughes and Miss Morten, to carry it to the schools of New York. Already Miss Wald's reports to the health officers on contagions in the schools had had a share in bringing about the medical

inspection, and the opportunity to introduce the nurse came in 1902, when Dr. Ernst Lederle was appointed Health Commissioner, for he came almost at once to her to ask how the service might be improved. Her instant reply was: "Put the nurse there to round out the doctor's work," and this answer was accompanied by an offer to loan a settlement nurse on salary for a month's experiment. The story of this trial, carried out by a gifted and tactful woman, Miss Lina L. Rogers, from the Toronto Hospital for Sick Children, has been fully told elsewhere.[1] Miss Wald and Miss Rogers were soon called to other cities to tell of school nursing, and the visiting nurses of Philadelphia, Baltimore, Chicago, and other places quickly formed in line to help start similar work.

Of the many instances where assistance has owed its inception to the visiting nurse must be mentioned

stallation of a separate staff. Whether this connection will be permanent is a matter for time to tell. It is enough now to remember that, in drawing up this project, Miss Wald had the largest possible view of bringing the nurse to a vast body of small-salaried people who needed her. The limitations incident upon the competitive system and private profits are at present the only shadows upon the bright possibilities of a comprehensive scheme for providing skilled nursing for people of moderate means. It is clear that a danger lurks in private interests, for, as the nurse used to be exploited to lead patients into the church, now she might obviously be used to decoy clients into this or that huge financial concern. However, the present vast extension of insurance nursing suggests a future when all such service may be carried on by the people themselves, under public ownership.

For a number of years, nurses in this as in other countries had been making individual excursions off the beaten track of professional work. In 1900, Mrs. Von Wagner, of St. John's hospital, Yonkers, was made sanitary inspector, under the Board of Health in that city. The Civic League and Woman's Institute there had first employed her in this capacity as a demonstration, and their spirit and determination carried her finally into the official position, for which she was rarely fitted by capacity and enthusiasm. She won it after a stubborn contest, and wrote: "Landlords, politicians, and employees (of the department) all fought against the woman inspector, and but for the members of the board and Miss M. M. Butler, president of the Woman's Institute

who overcame all opposition, the appointment would not have been made." In 1904, Miss Mary M. McVean, a nurse from St. Luke's, New York, was appointed as a tenement-house inspector. Miss Annie Damer of Bellevue and Miss Mildred McKnight, of the Illinois training school, were probably the first nurses to take positions as agents for Charity O ganisation societies. Miss Menia S. Tye, of the Toronto General, was the first to take a domestic science degree. Miss Annie E. Kennedy was the pioneer in pure-milk-station work, having been selected while still a pupil in the Rochester City hospital to enter a municipal milk station, under the direction of Dr. Goler, who has since become known over the world for his work in this direction.[1] The instructive care of expectant mothers was first tried out in Boston, while a nurse to watch and teach mothers after confinement was appointed by Dr. Goler's efforts in Rochester in 1911. Supported by a voluntary society, she has headquarters in a public school, and co-operates with the health officers and all other agencies. In 1901, nurses first began taking the summer course of the School of Philanthropy maintained by the Charity Organisation Society of New York City. Whole groups entered into the crusades against preventable diseases; the Chicago visiting nurses, one of the largest and most important of such groups, were endowed by the courts with powers of sanitary inspectors and probation officer . The Johns Hopkins alumnæ took up the anti-tuberculosis work, and Miss Reiba Thélin

[1] "Nurse's Work in Milk Stations." George W. Goler, M.D., *American Journal of Nursing*, March, 1904, p. 417.

offered her services for house-to-house visiting and teaching. The state society of nurses there gave the salary for a tuberculosis nurse; in Buffalo, the City Council gave the visiting nurses sanitary inspectors' badges, and asked them to report bad housing conditions. The Alice Fisher alumnæ offered their services to the officers of Juvenile Courts. Some of the ablest and most devoted of women, prominent among whom were Mrs. Quintard in Philadelphia and Mrs. Gretter in Detroit, gave up superintendents' positions to go into district-nursing work and develop its highest possibilities along civic lines. Several nurses must be mentioned whose too early death cut short careers which had already been distinctive in social service of rare quality: these were Mary E. Smith, of the Farrand training school in Detroit; Elizabeth Parry Upjohn, trained at St. Luke's, Utica; Ellen Wood, of the Johns Hopkins, who worked in her native State, New York, and Lucy Fisher, in California.

The campaign against infant mortality is enrolling nurses in groups and as individuals; the Committee on the Prevention of Blindness appointed a nurse who proved a most able secretary, Miss Carolyn Van Blarcom; in the long-neglected domain of the midwife and her work, nurses have made the most fruitful investigations, notably that carried through by Miss Elizabeth Crowell, trained at St. Joseph's, Chicago, in New York City, for the Union Settlement and Neighbourhood Association.[1] Miss Crowell was selected by Miss Wald for this piece of work, and

[1] "The Midwives of New York," by Elizabeth Crowell, in *Charities*, Jan., 1907.

from it have grown the regulations of the Health Department relating to midwives and the municipal training school for them.

Almshouse nursing reform was successfully founded in Michigan in 1906. Under the leadership of Caroline Bartlett Crane, the well-known civic reformer, the nurses' state society, in co-operation with the women's clubs of the state, carried on a systematic inquiry into almshouse conditions. Mrs. Crane's fearless exposures gave electric power to the advance of the women, and nurses were placed in two almshouses. A report[1] of this invasion made in 1907 was the starting-point for the formation of special "Almshouse Committees" in almost every state association of nurses. These committees are ready to ally themselves with women's clubs, and some have already accomplished definite things in almshouse reform. Even more than other institutions, however, almshouses are in the grasp of petty and venal politicians. Until women attain full citizenship no thorough-going improvement can be made in them.

Instances of affiliation between women's clubs and nurses' societies, in the interest of social reforms, are numerous, and in many cases the state federations and associations are united.

With the growth of visiting nursing, calls came fast for nurses to take positions in mills, factories, and department stores to guard the health of employees and keep—rather than make—them well.

Hospital social service was first placed upon the basis of a distinct specialty at the Massachusetts

[1] *A. J. N.*, August, 1907.

General, though there has probably never been a hospital where personal "follow-up" work has not been done at some time by superintendent, or nurse, or physician. For years members of the superintendents' society have emphasised the human values in visiting nursing as an extension to the hospital service, and, in 1904, a most useful and practical department of this kind was inaugurated, through the efforts of Miss Maxwell, at the Presbyterian in New York. Here, from the first, social service was made a part of the nurse's work. In Boston, Miss Isabel Garnet Pelton, a nurse, and Dr. Richard Cabot together began and developed the well-known department with which Dr. Cabot's name is especially linked. Miss Pelton, a woman of delicate insight and rich compassion, had already felt keenly all the unfulfilled needs of the discharged patient. Dr. Cabot had long desired some bridge between the physician and "the domestic and social conditions bearing on the diagnosis and treatment of cases." In 1905 they began experimentally the department which now employs a large staff of specialised assistants. Dr. Cabot stood back of the work financially until it had become thoroughly established and supported by voluntary contributions. When Miss Pelton's health failed, she was succeeded by Miss Ida Cannon.

Bellevue followed the example in 1906. The suggestion that a social service department be opened there first came from Mrs. John Wilkie, one of the board of managers of the training school. She had consulted Miss Wald, who encouraged the idea, and suggested Miss Mary A. Wadleigh as the nurse best

fitted to carry it out. The plan was approved and set in motion by Dr. Armstrong, then medical superintendent of the hospital, with the greatest goodwill. The Bellevue social service department rapidly became one of the most highly developed and extensive in its scope in the country. In September, 1911, Miss Pelton, writing to *The Survey* (vol. xxvi., No. 24, p. 843), reported forty-three hospitals developing social service, and many more planning to do so.

Swiftly following on came indications that there might soon be calls for the nurse to teach practical hygiene in the public schools, and this the more urgently as the crusade against venereal disease began to raise its banners here and there. In Cleveland, Mrs. Robb gave a series of health talks to pupils and teachers in the public schools, and was shocked to find how vast was both their uninformedness and

ignorant as schoolgirls of the history, extent, dangers, and social basis of the diseases called the black plague. [Not only in the United States, but internationally, nurses are joining in the attack on the social evil.]

The rapidly rising tide of the demands for nurses to take new lines of work has swept far over the line of their ability to meet it. From all parts of the country are coming veritable clamours for nurses possessing social tact, sociological knowledge, power of initiative, and executive gifts. The trend of the need is indicated in the oft-recurring words: "A nurse is needed who is not only a nurse," and again by these: "A nurse is needed who can tell us how to develop our work; we do not know ourselves just what to do." In a word, the new demand is for nurses who are also teachers and organisers, or upbuilders, of actively wholesome conditions of living. Does this mean that now, at last, the nurse is to cut loose from medical direction? In medical questions, in the care of the patient, not in the very least. This is a bugaboo which is continually being banished and as continually reappearing. The well-taught nurse cherishes her professional relation to the physician. But in infinite matters of social adjustment she must, in the best interests of the public, be free, just as he is free, and as all social workers must be.

For a number of years the nursing profession at large had been coming to feel more and more clearly the need of special training to fit its members for the new demands.[1] The question of how and where to

[1] In 1906, the Instructive Visiting Nurse Association in Boston opened a training school for district nurses with a four months' course.

obtain such equipment became an urgent one in national conventions. Leading women, such as those in settlements and at heads of hospitals, were embarrassed by the many demands which they could not fill. How this call was finally met has been told in the pages upon educational progress, but it is not yet satisfied. It will require literally hundreds of women, of culture, imagination, and the highest professional skill, to satisfy it.

The changing status of the nurse is indicated by the growing tendency to make her an employee of the city and the state. The most striking examples of this are found in the public school work, and in the anti-tuberculosis campaign. Pennsylvania has its entire territory covered by a harmonious system of dispensary stations and sanitaria for tuberculous patients, and the large staff of nurses employed by the State Health Department, with a chief nurse in her office in the Capitol, visit over the whole Commonwealth. If epidemics of other disease, as typhoid, threaten, some of them are at once detailed to duty on the spot. In this direction the nurse has, at present, outrun the physician, but in the socialising process it is certain that both will take even larger places as public servants. *American Medicine* recognises this, in commenting on serious foreign discussion of plans for making all medical men public officials on salary. It says: "Socialism's demand for free medical care is a phenomenon bound to exert a profound change in the destiny of the medical profession," and condemns the present demand that doctors shall donate their services to the poor as "most unjust."

It is coming to be seen that to throw the burden of charity on the shoulders of a few overworked private individuals is not only unjust, but unintelligent, and that society, as a whole, must finally assume its responsibilities to all its members. The true solution of the nursing of patients of moderate means, so often discussed by nurses and physicians, must be looked for in this gradual extension of service under the direction of the community as a whole. It cannot be effectually attained by the charity of private persons, the generosity of individual physicians, or the underpaying of nurses. But it can be done co-operatively, and there is every reason to hope that, in the future, armies of State-paid and State-pensioned physicians and nurses will replace our outworn armies of war as soldiers of health and defenders of public well-being.

Indicative of the possibilities of co-operation is a recent report (1910) of the Cleveland Visiting Nurse Association, showing that, of fifty-seven nurses at work

twenty-four are in the employ of the city, and twenty-two serve private organisations and institutions. All of these nurses have been engaged through the office of the Visiting Nurse Association, which makes itself responsible for their previous training, gives them, whenever possible, general district work, and tries to furnish each organisation with the nurses best fitted for its peculiar needs. The nurses in the employ of outside bodies are responsible to their own medical directors, but they all wear one uniform, they all meet once a week to discuss their problems, and as nurses they preserve a unity of ideals in their work. The nine district nurses who are salaried directly from the treasury of the Visiting Nurse Association take care of the sick poor under

irection of district and private physicians. When is present, they insist that one be called, because relation to the doctor in the homes of the sick poor same as it would be in the homes of the well-to-do. In Cleveland, the social dispensaries were the first ploy nurses who had had district training, and now tals, factories, boards of health and education, day s, day nurseries,—all have visiting nurse service. In almost every case the Visiting Nurse Association aid from its treasury the salary or salaries of visit- nurses for outside organisations, until the need of ed work in the home has been so well demonstrated the other bodies have been more than willing to the expense themselves. . . .

e rapid growth of visiting nursing in this country be realised by reading the first and the latest al studies of this subject, both written by nurses.[1] at visiting nurses often become radical in their

to sufferers under intolerable living conditions, and it took great tact and ingenuity to obtain results under the circumstances. . . . The second stage in district work then came, and we worked for and talked about prevention. The nurse was the great educator and protecting agent. We pictured her able to hold back vast epidemics of typhoid, to save the lives of thousands of babies; she taught the value of baths, fresh air, nourishing food and was dispenser of moral and uplifting ideas in general, all under these same intolerable living conditions, but tending in some vague way to improve them.

We have now arrived at the third stage—some of us, at least—those who have been in the work longest and are willing to face the truth. At best, we are but Red Cross nurses on the field of battle. As such, there is no doubt that we are extremely useful, but in ourselves we do not stop the battle. For years we have been giving temporary relief in the way of skilled nursing care, under conditions that deprive it of three quarters of its value. We have also been trying to teach underpaid, overworked, underfed, wretched human beings how to live more hygienic lives. But the awakening has come at last. Our eyes are now open to the facts. We can no longer continue to dole out surface relief, and believe that it stands for anything more radical. While we have been nursing the poor, while we have in some measure been able to investigate their condition, the conditions beyond our control have grown worse and worse. The number of new nursing associations is a direct response to the increasing hardships of living conditions—the district nurse and the charity organisation are the philanthropist's recognition of them. . . . It is for us, who are palliative agents, to declare that the conditions of to-day do not call for palliative treatment.[1]

[1] See *A. J. N.*, Aug. 1910, p. 867.

Whatever direction the future of nursing may take, it is certain that never before has it held such opportunities for women of a noble stamp, broadly educated and alive to civic duties. And such women are coming forward, young and vigorous, overflowing with energy, in every state of our broad land.

We could wish no better ending to our chapter than the suggestion given by the following letter from the secretary of our foremost medical association to a nurse member of her state examining board. May we not believe that it sounds the keynote of the future?

The American Medical Association, through its Hospital Section, has undertaken the task of standardising and classifying the hospitals of the country with a view to their ultimate improvement in step with scientific medical progress. Such work must of necessity include a consideration of the nursing branches of hospital service, and I am writing to ask your coöperation and advice. The Hospital Section is starting out with a very definite determination to accept the trained nurse as a member of a learned profession, and contradistinct from a labour union, and its work will be to help elevate the nursing profession in ideals, and its members in efficiency to perform the duties of their high calling in consonance with the best thought of our time. Will you help us do that? I am just now needing badly a copy of your state law and your commission's interpretation of that law in detail as to length of course in training schools, subject matter of studies, and curriculum. May I hope that you will send me these, and in addition give me your views on the present trend of the profession, the correctness of that trend, and your prediction as to the future of the profession. Signed ——

CHAPTER III

NURSING IN THE COUNTRIES OF NORTHERN EUROPE

Collaborators: A COMMITTEE OF SWEDISH NURSES; THE DANISH NURSES' ASSOCIATION; MME. SOPHIE MANNERHEIM, FINLAND

Sweden. In Sweden, as in other countries, nursing the sick under various systems has been general since the beginning of Christianity. The religious orders in the Roman Catholic Church chiefly undertook the care of the sick and the poor, but on the decline of that church in our country, sick-nursing was either neglected or undertaken by people who lacked both the spiritual and practical qualities necessary for the nurse's calling. It was not until the middle of the nineteenth century that a revival of nursing was brought about.

The first impulse to a new era emanated from the Deaconess Institution at Kaiserswerth, after which model the Swedish Deaconess Institution was founded.

Florence Nightingale's great work among the wounded during the Crimean war, and the subsequent work she carried on in England, made her influence felt in Sweden as elsewhere.

Interest in the training of nurses and in their work as also awakened by a number of articles in the *idskrift för Hemmet* (*Home Magazine*), and the tablishment of a systematic course of nursing for ducated women was seen to be highly desirable. n attempt to realise this scheme was made by e Red Cross Society in arranging a six months' ourse in nursing under the direction of a Matron ained at St. Thomas's in London. However, a fficient number of specially trained nurses was ot forthcoming. The Queen Dowager, at that time ueen Sophia, who always took a great interest in ork among the sick, perceived how important it as that educated women should devote themselves sick-nursing, and founded for this purpose the ophia Home, which has now attained a remarkable fficiency and is the principal training home for urses in Sweden.

Deaconess Hospital Sisters, Stockholm

at that time being Miss Marie Cederskiöld, who had previously been sent to Kaiserswerth to study there. Her gifts for organising and teaching made her very valuable, but her health failed, and in 1862 she was obliged to withdraw from the work. She died in 1892. Very soon a school was established for children who had been treated in the nursing home or were there as convalescents. From this school grew the Children's Home, which, beginning with five inmates, was able after a few years to take in no less than forty. The number of Sisters desirous of becoming deaconesses, and suitable for the calling, was, for many reasons, during the institution's first years, inconsiderable. The vocation was as yet but little known, and many candidates were unsuitable, besides which the strict rules and somewhat unattractive uniform of the institution deterred many young women from applying for admission. However, the work progressed, and in the year 1857, occupied new and considerably larger premises. The constant increase of the work led to the appointment of a clerical director, the first occupant of this position being Doctor Johan Bring, whose thirty-six years' work there was of the greatest importance to the institution.

In 1864, it was moved to its present quarters, perhaps the most beautifully situated of any similar institute. Quite a little town has arisen around the chapel and is to be seen from an extensive radius, comprising a deaconess house, a house-keeping school, a chaplain's house, a home of protection for young women, homes for the aged, for children, and for incurables, also a hostel, and a fully-

equipped modern hospital, built in 1906. In 1909, there were 296 deaconesses attached to the institution. Their training takes about four years, and includes a course of cooking and sewing, from a year to eighteen months' practical training in the sick wards, and other useful work connected with different branches of the institution. Every deaconess wears a uniform. The only requirements necessary for admission are: to be willing, for the Lord's sake, to tend the poor and sick; to profess the Protestant faith; to produce a doctor's certificate of sound health, and to be between the ages of twenty and forty years. One year's training is given to paying pupils, who, presumably, wish to undertake nursing work in their homes or for philanthropy's sake. Such pupils work in the hospital division and are theoretically instructed.

The Swedish Red Cross Society.—As far back as 1864, Sweden joined the Red Cross Convention which was founded in that year in Geneva. The Duke of Östergötland of that time, afterwards Oscar II., became the first president of the society. Prince Carl, Duke of Westergötland, held that position when these words were written. Sweden was fortunate enough to have a nurse trained in the Nightingale school to organise nursing under the Red Cross. When the society was first founded, four months' training was thought to be enough, but in a short time the need of thoroughly taught, cultivated, capable women was felt, and Miss Nightingale was appealed to. Through her it was arranged for a Swedish lady to be entered at St. Thomas's, and Miss Emmy Rappe was chosen and sent, returning

to take up the Red Cross work. In 1866, she became Matron of the New Hospital in Upsala, where she remained until 1877. She continued in hospital work until 1886, and died ten years later, revered and esteemed by the Society of the Red Cross for her path-breaking work and great services in teaching. The link which brought Miss Rappe forward we shall meet when we come to the Fredrika Bremer Society.

As years went on the work developed more and more, until, in 1901, a house was purchased by the society. In connection with the home a nursing department was established. Pupils are received twice a year, fifteen or eighteen in each group. The course of training lasts for two years, and is divided into four periods of six months each, comprising theory and practice. For the former, physicians lecture on anatomy, physiology, and hygiene, and there is instruction in the elements of nursing. For practical work the pupils are passed through a series of hospitals so that they finally receive every branch of training, including maternity work and the care of sick children, the nursing of contagious diseases, and the care of the insane. During the latter part of their course they act as staff nurses in the home of the society.

The pupils are required to possess a superior education, excellent physique, and sympathetic nature. The entrance age is between twenty-one and thirty years. When the training is ended, all nurses are required to spend one and a half years in private duty. They must also bind themselves to take up their duties for any requisite period, in the

event of the nation being involved in or threatened with war.

Besides training nurses, the Red Cross Nurses' Home undertakes to engage other nurses who have gone through a complete theoretical and practical training course of at least one year, with six months' service afterwards at a larger hospital. Of the hundreds of Red Cross nurses, the greater number are always ready for mobilisation.

A number are engaged at various regimental hospitals during field manœuvres, in order to assist the physicians in their medical attendance and in any instruction in nursing given to the soldiers. The society has a benevolent fund for its nurses.

The Sophia Home.—It has been stated that the idea of a more general and effective reorganisation of nursing in Sweden arose about 1880 on the initiative of Queen Sophia. Her Majesty had long cherished a desire to provide regular instruction in nursing based on Christian principles, for educated women, in which training special care should be taken that the work be carried out in a personal, and not merely in a professional, way.

In 1884 a small home was opened in Stockholm with four pupils, a number which steadily increased as time went on. The direction of their instruction was intrusted to Fröken Alfhild Ehrenborg, who had recently returned home after having studied at St. Thomas's in London, and having also spent some time nursing elsewhere in England. The pupils received their practical training at the hospital in Sabbatsberg. A small nursing department was arranged in connection with the home. The management

A Cooking Lesson in the Sophiahemmet

Country Nursing in Sweden

this was carried out on almost new lines, and won much approbation. This fact, and the need of an institution for training nurses on a larger and more independent scale, brought about the foundation by the King and Queen, in 1889, of a hospital called Sophiahemmet (The Sophia Home). This beautifully situated hospital has a nurses' home attached to it, which was founded entirely by voluntary contributions. Her Majesty the Dowager Queen has from the very beginning been the president of the board of direction, and Her Majesty Queen Victoria of Sweden was the first honorary member. The board consists of twelve members, two of whom must be physicians, and three ladies. The plan of work is still carried out according to the principles established by the founders, which are, briefly, that however needful a thorough training may be in the theory and practice of nursing, it must not exclude the claim for a liberal education of the nurse and the development of her personal character.

There is a Matron in charge of the home, but Miss Ehrenborg married after four years' pioneering. The pupils who desire to be admitted are required to be between twenty-one and thirty-five years of age, to profess the Protestant religion, to possess superior educational and physical qualifications, and, above all, to be serious and conscientious in their work. About twenty-five pupils are admitted every year. The training is partly theoretical and partly practical, each course being taken separately. After a six weeks' probationary period, a preliminary course begins, also lasting for six weeks. This includes lectures by *physicians* on anatomy, physiology, and

hygiene, with instruction in elementary nursing, in preparing food for the sick, and in gymnastics. In addition to these there is a Bible class conducted by the chaplain of the home. After one year's practical training, a month's theoretical course is given, comprising lessons in medicine, surgery, etc., and, at the end of this, all pupils are examined in the various subjects they have studied.

The practical training is given partly at the Sophia Home, and partly at the Serafimer, one of the principal and most up-to-date hospitals in Sweden, of which the head surgeon and director, Professor John Berg, is a member of the board of the Sophia Home. The pupils also go through maternity, children's, and fever hospitals, and if they wish they may also take a course of work in the asylums for the insane. The whole training lasts three years, with a salary

In the Sophiahemmet

nurse's badge in the shape of a brooch, and an armband which each one receives on joining the sisterhood. Since the foundation of the Sophia Home, 435 young women have gone through either the short or the complete courses of training. Many have registered as members of the Red Cross or the Fredrika Bremer associations, or have taken up social or mission work. Teaching Sisters who have been especially valuable in perfecting standards are Sister Sally Petersen, Sister Valborg Nordin, and Sister Elise Linder.

The Samaritan Home in Upsala was founded by Fröken Ebba Boström, who, after a visit to England in the years 1878–79, when she stayed at the Pennefather Institutes at Mildmay in London, started a home for fallen women in Upsala. From this beginning a complete institute gradually developed, with a servants' home, a children's home, a hospital, etc. Then the whole was handed over to the Samaritan Institution for training deaconesses and parish Sisters. The training of deaconesses there is based on the same principles as the Deaconess Institute in Stockholm, with but a few slight differences. It takes from three to four years, of which from eighteen months to two years are spent in a course of sick-nursing.

Parish Sisters are trained here chiefly in order to be able to tend the sick and poor in the country districts. Their course only takes eighteen months, and their training is somewhat similar to that of the deaconesses, though simpler and shorter. The pupils have to study practical nursing for a period of ten to twelve months, the rest of the time being occupied

by a theoretical course, the nursing of children, and practical parish work among the sick and the poor in the town, under the direction of experienced deaconesses. Throughout the training more stress is laid on the Christian side of the work and the development of the nurse's character than on mere technical ability, though this is by no means neglected, and the institution does all in its power to make its nurses thoroughly efficient.

The South of Sweden Nursing Home was founded in 1901 for the purpose of training nurses for hospitals and private work in southern Sweden. The home, which is situated in Lund, offers a residence for pupils during the period of training, and has a registry office in connection with it. In this office are received highly recommended nurses who have gone through a theoretical and practical course at other institutions. The course at this home is of two years' duration, partly at the large hospital in Lund, partly at that in Malmö, as well as at fever and maternity hospitals, and lunatic asylums. The pupil binds herself to remain in the service of the home for one year after her training is complete. Here, too, the requisite qualifications for admission are good health and ample education.

At Sabbatsberg, one of the largest hospitals in Stockholm, with about seven hundred beds, a two years' course of theoretical and practical training is given. At the Sahlgren, the general hospital of the city of Gothenburg, with about three hundred and fifty beds, a similar course is arranged comprising eighteen months' training. Shorter training courses for nurses are, moreover, arranged at the Academy

hospital in Upsala, and at most of the district hospitals, the latter principally intended for training district nurses. There are such nurses in many country parishes, and their salary is paid locally. At the asylums for the insane at Stockholm, special six months' courses are arranged for nurses who have previously gone through a complete course at a larger hospital.

The general hospitals in the towns, and the district hospitals, are supported by the state, the towns, or the parishes.

The Deacon Institute at Sköndal, near Stockholm, was founded in 1898 on the same principles as the Deaconess Institute. Men are trained to work as parish deacons, managers of lunatic asylum departments, poorhouses, homes for inebriates, etc. The number of deacons trained was, in 1909, about fifty.

Connected with the Methodist Church there is a society for attending sick persons, called the Bethany Institute. This supplies nurses, principally for private nursing, trained at Bethania-Krankenhaus in Hamburg. The training is for eighteen months, starting with three months' probation. A good education is desirable, but not absolutely necessary.

The Roman Catholic Elizabeth Sisters have worked at private nursing in Stockholm and Gothenburg since the year 1875. Their training lasts from two to three years and takes place at Breslau. They work without any regular fee.

The Fredrika Bremer Association.—Fredrika Bremer, the celebrated Swedish authoress (b. 1801—d. 1865) who was a pioneer in so many ways, had a tender heart for all human suffering. She was

herself a tender and loving nurse to sick dependents at her home in the country, and in her writings she has shown how highly she valued the work of nurses, and how much she considered it to be the fitting work of an educated lady to help and tend the sick. Sophie Lejonhufvud-Adlersparre, who took up and carried out the ideas started by Fredrika Bremer in so many different directions, was also an ardent friend of nursing, and in the *Home Magazine*, (*Tidskrift för Hemmet*), edited by her, a number of articles have appeared, all bearing testimony to her keen interest in nursing reforms. It was therefore with the greatest joy that she received, in the early sixties, an offer from Florence Nightingale to find a vacancy for a Swedish pupil at the then recently opened Nightingale school, and she immediately set about finding an educated young woman who would like to avail herself of such a good opportunity of

1896, when the funds had increased sufficiently to enable stipends to be granted, about sixty such grants have been paid out for the training of nurses.

At the registry office for educated women established at the founding of the association, nurses were also duly registered. At the request of physicians the registration of nurses was so enlarged as to be complete in itself. At a time when trained nurses were scarce, it seemed very difficult in case of sickness to get the necessary attendance, and the association filled a long-felt want by registering such nurses as were disengaged and sending them out to patients. In 1902 the association increased this department by moving it to a special office, where sick-calls could be received day and night. In 1907 the nurses' office founded in Gothenburg by the medical society of that town joined the association. Both these offices work under the same principles, being directed by Matrons who have been trained as nurses at the Sophia Home, and have belonged to this institute for many years. On certain days lectures for nurses are given at the offices, partly on professional, partly on other subjects. These offices are intended to be self-supporting, and with the exception of some assistance given to them at first by private individuals, they have achieved their aim. The nurses of the association are allowed to join other societies, but, for practical reasons, they may not be registered at the same time at any other place. They wear a uniform with a badge on the arm bearing the initials of the Union, or the uniform of their training school.

The sphere of action of the Fredrika Bremer Association being so extensive, the work is divided

and managed by different committees. As early as 1893 a special board was formed "to watch carefully the development of practical nursing and, where possible, to apply the principles of the association." This board takes the lead in all matters concerning questions of nursing or the interests of nurses within the association's sphere of work. The nine members of the board include three physicians and two nurses.

Queen Sophia's Society for Maintaining Nursing in the Army and Navy was founded in 1900, and as its name shows, is intended to support field nursing. The society trains no nurses of its own, but its working staff consists of deaconesses, Sophia Sisters, and district nurses (trained at district hospitals and allowed by the help of the Union to go through a six months' supplementary course at a larger training institute). The society has also formed nursing columns of members of the Y. M. C. A., and others in several of the larger towns, provided ambulance carts and sick-transport equipment, and arranged courses of practical training. On the initiative of Queen Sophia's Society, nurses were first engaged in 1905 at encampments.

There are in Stockholm four associations for nursing in the homes of the poor; the oldest was founded in 1888 by Mrs. Ebba Lind af Hageby (née Hierta), who has given large donations to it.

The general pension fund for Swedish nurses was founded in 1896, in order to provide pensions for nurses at the age of fifty (in exceptional cases fifty-five years), and after at least eight years' work. The lowest single payment must be 500 kroner, or at least

25 kr. a year. A situation in the service of the state or of a parish entitles the nurses to a stipend from the state of not more than 25 kr. a year. The fund possessed, at the end of 1910, 1,115,000 kr., and had 811 associates. In 1905 the Benevolent Society for Nurses was founded. It is open to all nurses who have gone through a complete training course, having for its object the giving of relief in case of short illnesses.

In 1909, the Swedish nurses started a paper of their own, called *The Swedish Nurses' Journal*. It appears once a month and has been received with the greatest interest all over the country. It is edited and published entirely by nurses. Its beautifully artistic cover of white and blue gives the keynote to its fine, high tone and point of view in nursing matters. Its editor was Miss Estrid Rodhe, a strong, true, lofty character of most winning personality. She was deeply absorbed in all the work of organisation going on among nurses over the world, and was full of the joy of sharing in it to the full, when, in August, 1911, she was suddenly taken away by death, who came peacefully to her as a sleep. Her loss is a great one, and she will long be truly mourned by nurses at home and abroad.

A periodical for voluntary nurses in time of war has also been started by a military doctor; it aims to spread among the public a greater interest in, and knowledge of, military nursing.

The want of union between the nursing institutes of Sweden gradually made itself keenly felt among Swedish nurses as a disadvantageous condition, leaving them more or less separated from one another,

and by 1909 this feeling had grown so strong that the first steps had been taken toward bringing into one association the members of the various nursing institutions, as well as all nurses who had gone through a course of not less than eighteen months, and who had added to this at least eighteen months of practical work in hospital or in private duty. The leading motive of such an association would be to unite its members for mutual help and encouragement, yet without altering their position with regard to the training institutions to which they belonged. A committee was appointed to draft the outlines and rules of a central union, and its proposals were laid before the members of the various institutions, meeting with such general approval that, on March 14, 1910, a National Council of Swedish Nurses was formed, in perfect harmony with the many different mother institutions, and with the most lively interest of the nurses to insure its success. The first president of the association was Miss Emmy Lindhagen, Sister in the Serafimer hospital, Stockholm, an admirable leader and strong, well-balanced nature.

Sweden carries on an active anti-tuberculosis campaign, which received special impetus from the action of King Oscar II., in devoting a large sum presented to him by the nation on his twenty-fifth anniversary, to the erection of three State Sanatoria. For the completion and maintenance of these public institutions the Swedish Parliament made liberal grants, and the earnest crusade thus inaugurated was reinforced by the active assistance of the National Society for Combating Tuberculosis, formed in 1904.

This society has won great popularity by the directness and practical utility of its methods, and has been instrumental in causing ample numbers of sanatoria and special hospitals to be dotted over the land. Nurses are actively engaged in this crusade, helping with experimental work and with teaching and supervision. In one district in the northern part of Sweden, where tuberculosis is especially frequent, periodical examinations of the health of the entire population are made, and the homes are inspected by the doctor and nurse, who carry lessons on hygiene from house to house. The association concerns itself also with the special training of nurses; gives several scholarships for those taking the sanatorium training, and arranges dispensary courses for nurses who are to be appointed as assistants to the physicians in the many tuberculosis dispensaries over the country.

One of the younger women whose influence in Swedish nursing is wide is Miss Thérèse Tamm, who led the delegation to the London Congress in 1909. Her father was a member of the Swedish Upper House of Parliament, and on his estates, twelve miles away from a doctor, she first felt the need of being useful in sickness, and, when only about twenty, took a short course at Sabbatsberg's General Hospital. Later on, so helpful had been the brief study that she entered again for the full training, and was certificated, intending to take up social work of some kind. But it was then necessary for her to become the daughter at home instead. Not allowing her interest to flag, Miss Tamm became a member of the Directors' Board of the Sophia Home,

of a Home for the Aged, another for epileptic and idiot children, and is also, while we write, a Guardian of the Poor in the parish where she lives, besides being in touch with the international organisation movement.

Denmark: *The Deaconess Institute.*—The honour of having first introduced an organised nursing system into Denmark is due to the Danish Deaconess Institute, which owes its founding to the Crown Princess Louise, consort of the Crown Prince Christian, who during a visit to Mecklenburg had had occasion to see the great work which was carried on from the mother institute, Ludwigslust. Louise Martinie Laurette Conring became the first Sister Superior of the Danish Deaconess Institute. During the first Danish-German war she came to Copenhagen, began early to work in the service of philanthropy, and in 1855 was Matron of the Royal Hospital.

In 1862 Princess Louise sent her to Stockholm that she might study the Swedish Deaconess Institute, and she later visited different mother-houses in Germany and France. In 1863 the Danish Deaconess Institute was founded, and managed by her until her death in 1891. The start was very modest. A house on the outskirts of the town was rented, and a couple of the largest rooms were made into wards. The Sister Superior and two Sisters had their dwelling upstairs. The next year their numbers had risen to six. The small institute was soon heavily burdened. In 1864 Austria and Prussia waged war against Denmark. It was the first war where deaconesses shared in the nursing of the wounded. The army

staff-surgeon at first had his misgivings in accepting their assistance, but after the war he expressed his most sincere praise of their work. It very soon became evident that the accommodation of the small house was inadequate, and a larger house was acquired in 1865. The number of Sisters had increased to seventeen. It thereby became possible to commence private home-nursing, at first in the capital, later on in the country.

But much other work was carried on: the care of released female prisoners, of women addicted to drink, of servant-girls out of employment, children's instruction, and other useful service. The demand for a building of its own had grown stronger and stronger, and in 1877 the large group of buildings which is now the home of the institute was inaugurated. In 1888, the institute had six branches where the Sisters were at work under central supervision, and sixty-two stations where the work was carried on under the direct management of local boards, acting in harmony with the mother institute, which retained the final authority. The number of Sisters was then one hundred and fifty. After the death of Miss Conring, the position of Sister Superior fell to Miss Sophie Zahrtmann, and great progress was achieved under her supervision. One hundred Sisters were employed in 1907 in parish nursing. Others were working in infirmaries and in almshouses, children's homes, asylums, infants' asylums, convalescent homes, health resorts for female inebriates, a pleurisy sanatorium at Odense, in the island of Fünen, and an educational home for epileptic girls on Zealand. It was not only

to the home country, but also to the remote possessions of Denmark that the Deaconess Institute carried its work. The Sisters have started congregational nursing in Thorshavn in the Faroe Islands; a children's asylum was opened in 1906 in the Danish West Indies on the island of St. Croix; and the year after a similar asylum was started in the western part of that island. In 1907 the Sisters numbered 305, and yet the management has often wished for a greater increase.

The St. Lucas Institute.—Another deaconess institute grew up later in Copenhagen. In 1886 Miss Isabella Brockenhuus Lawenhjelm began working amongst the poor of the north end of the capital. In 1893 she started a clinic which, through the distinguished surgeon, Professor Kaarsberg, acquired such a patronage that, in 1901, it had fifty-six beds. At the same time she had working rooms for

Wounded during Warfare," which soon altered its name to "The Red Cross," adhering to the international society of that name. His Majesty King Christian IX. graciously consented to be the society's patron, and as presidents there were, consecutively, the Generals Thomsen, Pfaff, Schroll, and Arendrup. The society had a branch at Aarhus in Jutland where several nurses were trained. As no regular nursing-school was available, the society made an arrangement with the Deaconess Institute and with several hospitals to train its pupils. The apprenticeship was to last for a year, spent alternately in a medical and a surgical division, as well as in a lying-in hospital. During the Greco-Turkish war a laby of Copenhagen defrayed the expenses of sending a physician and ten nurses to Athens, where they were employed after the battle of Domakos. The society has been of importance to nursing in general. Its nurses have been greatly in demand for private nursing as well as for different institutions. The position and training of its nurses were gradually considerably improved. They now get a three years' training and supplementary courses at the military hospital of Copenhagen. Their salaries have been increased, and they are provided for in their old age, partly through self-pensioning, and partly through help from the society. It is hoped in this way to get a largely increased nursing staff. A number of nurses for the country are trained in ten months' courses under the supervision of the society. In 1900 the Women's Branch under the Red Cross was established with Her Majesty the Queen as patroness. In 1910 it had thirty-one subdivisions all over the

ountry, with 4371 members. The efforts of this anch have been directed especially toward collect- g resources in case of war, and holding "Samaritan" urses (First Aid) for women and men. In 1909 e Red Cross amended its laws, and for the first me a woman joined the board, on which, in 1911, o women held seats. In 1912 a nurse, Miss ecilie Lütken, was on the board and was sent s delegate to the international conference.

The demand for a better trained class of nurses ad become ever greater, especially in Copenhagen. he parish nursing employed many, but their train- g was frequently very deficient, as every pupil or harwoman from the hospital could, without being revented, call herself a nurse. In the country he want of better conditions was also felt. There he pioneer reformer of early times was Dr. T. M-

ally, and in material things as well. Every nurse between twenty-five and forty years of age, who has had a three years' apprenticeship in a hospital or infirmary, may be admitted as a regular member, while probationers may be admitted as associate members. Other persons are admitted as passive contributing members.

In the early, unformed stage of the association its affairs were warmly taken to heart by Mrs. Charlotte Norrie (née Harbou), who, an ardent, life-long suffragist, noted the budding strength of the new profession in the light of the Woman's Movement, and felt also the sympathetic interest natural to a woman, who, the wife of a public medical officer, had in her younger days entered a hospital as an exploring volunteer, long before the days of secular training, and there spent several months previous to her marriage. As a delegate to the London Congress of the International Council of Women in 1899, Mrs. Norrie was present at the inception of the International Council of Nurses, an organisation which appealed strongly to her and of which she became a charter member. She was the first chairman of the infant Union of Danish Nurses. As it gathered strength its members felt the need of a fully trained nurse to lead their steps, and chose Mrs. Henry Tscherning (née Schultz), a woman of great ability and energy, who has continued as president of the association to the present day and has built it up in every direction with sagacity and single-heartedness, never giving way before difficulties, but with unflagging zeal holding to her aims.

Mrs. Tscherning had been trained in the medical divisions of the Municipal Hospital of Copenhagen in 1878. She was afterwards appointed lady super-

intendent there, and won deserved repute by extending the nursing service into the surgical divisions. Realising the need of further study, she went in 1883 to St. Thomas's, and, as a guest for a number of weeks in the Nightingale Home, familiarised herself with its principles of management and became deeply convinced of the necessity of entrusting training and discipline to a trained, expert, and educated gentlewoman.

An excellent help and support has Mrs. Tschernning found in the two ladies, Miss Bodil Hellfach and Miss Cecilie Lütken, who have taken their share of the work since the Union was started. Miss Hellfach came in 1887 to the Municipal as head of a division. For eight years she was vice-chairman of the Danish Nurses' Association, and then a member of the board of representatives. Miss Lütken worked for some years in hospitals abroad, but came in 1896 to the Municipal Hospital as assistant operating-room nurse, and then became chief nurse of the Military Hospital of Copenhagen, besides being a member of the board of the Red Cross. For nearly ten years Miss Lütken was a member of the board and secretary of the Danish Nurses' Association, and has in that capacity rendered it excellent service.

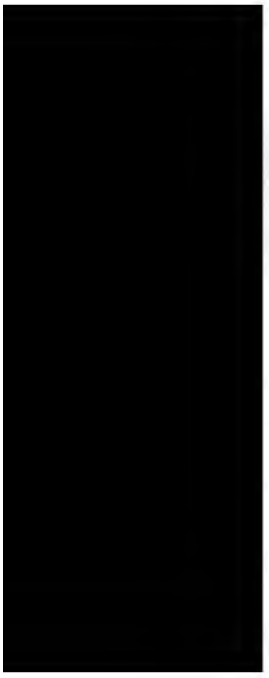
The number of members of the association increased rapidly. The year after its organisation it counted 291 regular and 107 associate members. In 1911, there were 1182 regular and 217 associate members. It has been agreed that all ordinary members when on duty shall wear a badge indicating their membership, and the Red Cross allows its members

Mrs. Henny Tscherning

President, Danish Nurses' Association

Bodil Hellfach

Danish Nurses' Association



also to wear this badge, though not in war time or abroad. One of the first enterprises of the association was to establish an office, wherefrom nurses could be sent out to nurse by the hour. They were to reside at the office, and such nurses should preferably be engaged as could not endure the exhausting night duty in hospitals and clinics. After some time the society also provided nurses for day and night. It was a great advantage to the nurses that the society, on the co-operative plan, only reserved to itself five per cent. of the fees, while private individual registries generally retained fifteen per cent. The office, where sixty members are now housed, has frequently been enlarged, and another has been established in Copenhagen as well as in the provincial town of Aarhus in Jutland. Both are thriving well. There were further organised a sick club and a burial club for members. In 1901 an assistance fund was started, and, in 1903, a cooking-school. The next year there was founded at Vedbeak, near the Sound, a recreation home for vacations and rest. In 1902 the association secured for its uses a yearly subvention from the government, amounting to 4000 kr., which the following year was increased to 6000 kr. Of this amount 4000 kr. are used for the further training of nurses, and the remainder for the offices. But the main object of the Union is to procure a better and more efficient training. Hitherto a one year's apprenticeship had been considered sufficient, and many had been content with ten months or even less. The association tried to help those who had received but a one-sided training, by supplementing this in the different hospitals with which it had made

nents to have its members received. In January, the Union founded its official journal, *Tids- for Sygepleje*, which has been of the greatest ness in its upbuilding work. The first editor Miss Elise Fiedler, a superintending Sister, who d the journal through its first five years. Since ime it has been edited by Mrs. A. Claudius, before her marriage to a physician, was a nurse Kommunehospital. At first a monthly, the *krift* is now issued bi-monthly. It is sent to member of the association and has a large ation, being highly esteemed for its excellent sional articles.

oldest of the regular hospitals in Copen- was the Royal Friederic's, built in the e of the eighteenth century and now quite uated. It was resolved to replace this one by a

Cecilie Lûtken

Red Cross Sister and Member of the Board of the Red Cross Society, Denmark

shall obtain governmental license and which has been submitted to the Ministry of Justice, will be carried in the near future.

It has been the great aim of the Danish Nurses' Union to insure the nurses against an inadequate training, and out of chaotic conditions to establish regulated and legal conditions for a class which during the last thirty-odd years has grown to comprise three to four thousand members of the Danish population.

Finland. — Nursing in Finland has always been done chiefly by women. Except in the men's wards in asylums for the insane, syphilitic men's wards, and in our army, while it existed, we have never had any men-nurses.

In olden times, before the day of hospitals, the so-called "wise women" combined the functions of doctor and nurse. Their methods consisted chiefly of wet-cupping, hot vapour baths, and massage, and even nowadays there are people, mostly belonging to the peasant class, who have greater faith in the prescriptions of "wise women" and "wise men," than in those of any medical man, and, as their methods largely appeal to nature's own curative power, the results they obtain are often very satisfactory. In the darkness of the Middle Ages, it was not always without danger to be a "wise woman." Many, especially if their cures had been successful, were tried for witchery by the Church, which considered the nursing of the sick one of its prerogatives.

The first hospitals in Finland were, of course, founded by the Church. The hospital St. Göran, (St. George) built in 1355, was a "leprosarium," and

that of the Holy-Spirit, built in 1396, was, like several of the same name in Sweden, an infirmary for "the sick and poor." Both of these hospitals were situated in Abo, the oldest town in Finland, and the first centre of the Swedish civilising influence. It was not until 1475 that another hospital was built in Finland in the town of Wiborg, then the Swedish bulwark against Russia. This hospital was also a leper house and was situated a little outside the town. The order of St. Dominicus (the "black brethren") ruled over these first hospitals. At the head of each was a priest-superintendent, and in connection with the hospital there was always a chapel, divine service occupying, of course, much more time than nursing proper. Still it was the members of this and of other monastic orders which later on founded communities in Finland, who were then the only people who knew anything of disease and the curative properties of plants and herbs. A copy of an old book, which at the end of the fifteenth century was in use in the monastery of Nådendal tells the manifold properties of eight herbs: thus, "juniperus, mirra, sinap, castoreum, malyrt, urtica, and mirtus," and one can easily imagine the brave little nuns receiving the sick and wounded and treating them after the prescriptions of this precious book, which had come with the nuns to Nådendal (the Valley of Grace), from the mother convent Wadstena in Sweden, founded by the Swedish saint Birgitta, after whom the order was named the Birgittines.

With the Reformation many things were changed. The supremacy of the monastic orders was gone, though the clergy still had something to say about

the management of the hospitals. In an old regulation of 1558 we see that the hospital of St. Göran was then directed by a superintendent or tutor who had under his orders a chaplain, a bell-ringer, a man servant, and a maid. The last was the nurse, properly speaking; at least she had to help the patients to make their beds. The regulations of this hospital, as of all others at that time, were most probably written by King Gustavus I. of Sweden, who must have been a wonderful man, judging by the organising capacity he showed in so many different matters. He even understood nursing in a way quite surprising for those times. In 1555 when, during the war with Russia, the Swedish troops in Wiborg were suffering terribly from typhus and dysentery, the King wrote to the commandant of the fortress telling him to procure some elderly women to nurse the soldiers, and he even went so far as to prescribe what they should do for the sick. Of course wet-cupping was the most prominent feature of the King's prescription, and one may hope that among those poor people there were some of iron constitution who may have survived.

In the times following the Reformation, the hospitals, so flourishing under the monastic rule, led a rather miserable existence. They were always asking the government for subsidies and complaining that they did not get them. Those were times of bloody warfare, and people had not time to think of the sick and suffering. In 1759 the first general hospital in Finland was founded in Abo by the Swedish government. This hospital, still existing as the Abo County hospital, was placed under the supervision of the

Serafimer Knights, as had been also the Serafimer lazaret in Stockholm, which had been founded a little earlier. This general hospital in Abo began with only six beds. It was entirely subsidised by the government, and to this day all county and general hospitals in Finland are government institutions. Those supported by towns and communities, as well as those small hospitals and nursing homes supported by private means, of which, besides the deaconess hospitals, there are a goodly number now existing in Finland, were all founded much later. That the nursing in the beginning of the last century was of the poorest description is plainly shown by the report written in 1809, shortly after the war, by a member of the Finnish Senate,[1] who, being sent on a tour of inspection to various institutions, thus describes an asylum he had visited:

The inmates had scarcely any clothes (they had to wear their own). The windows, although in summer, were all shut, and the air was pestilential in the little dens, where not even straw was provided as bedding for the patients, who had to lie on the hard wooden boards. One man servant and one maid looked after forty-three patients under the supervision of a superintendent, who seemed to employ them more for his own gardening than for the needs of the poor patients, than whom no more miserable creatures could possibly exist.

The maid or nurse was, according to the regulations, also the one who had to do all the washing and mending of the hospital. She had to sweep and dust and, if need be, wash the floors. Hers was the

[1] This senator was Mme. Mannerheim's great-grandfather.

duty of making the beds for the weaker patients and of seeing that order and cleanliness reigned. The hospital regulations were framed by the government, and even if the bed making, considering existing conditions, could not have given her much trouble, still we, who know what her work means, do not wonder that the poor nurse was often unable to fulfil all of her manifold duties to perfection.

As has been said, the nurses of these times were recruited from the servant class. Often enough such women grew to be very devoted attendants, but oftener, alas, their patients had to suffer terribly through the neglect and lack of efficiency of those under whose care they came. Generally the nurse of that day, here as everywhere, was an elderly woman, either married or a widow, often with a large family. Not longer ago than in 1893 the patients in one of the largest of Finland's county hospitals, that in Wiborg, were all nursed by women of that class, one of whom, a widow, had been born in the hospital, where her mother had been a nurse for forty years. She had succeeded her mother, had married and herself given birth to three children, while between times she nursed her patients to the best of her ability.

Reform was badly needed, but it was not until after the middle of the last century that a lady, widely known in Finland for her philanthropic works, Mme. Aurore Karamzine, realised that something must be done, and did it. In 1867 she founded the House of Deaconesses in Helsingfors, and introduced a new system of nursing. The order of deaconesses in Finland was a branch of the Kaiserswerth Association. Its first superintendent, Mrs. Amanda

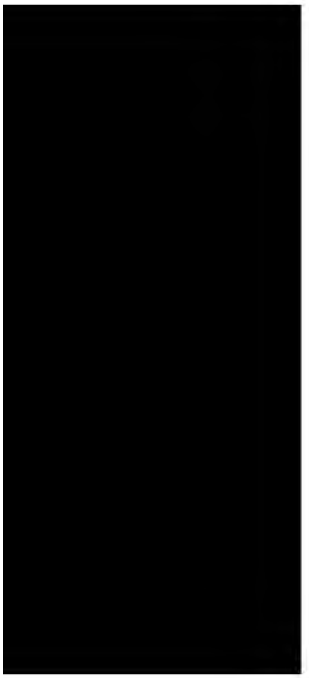
ajander, the widow of a doctor, had been trained the Deaconess House in St. Petersburg, founded me years earlier. She was the first woman from e educated classes in this country to take up rsing and, as she was a very superior person, she cceeded, in spite of much opposition, in raising e standards of the nursing profession and making respected. Her efforts were directed toward infusg into the work a spirit of devotion and self-forgetlness, which we have ever since tried to retain. er successor, who has carried on her work in the me spirit and done much toward elevating the oral standards of nursing, was Miss Lina Snellman, "Sister Lina,"—who from 1883 has been the other of the Deaconess House in Helsingfors up to e time at which this is written.

The training given there lasts about two years d comprises practical work and teaching in the

Anna Broms

Sister Lina

Mrs. Amanda Cajander



country. A famine year with its accompaniment of typhus and smallpox was reaping thousands of victims. The little hospital was crowded at once, and its staff of devoted young Sisters had an opportunity of showing what they were worth. In comparison with the nursing practised up to that time, the work done in this little hospital was a revelation, and achieved for the deaconesses a reputation for good nursing which they have kept ever since. The hospital began with only eight beds. In 1896 this number had risen to forty, and after the house was moved to its present site and rebuilt on a larger scale, the number of beds was more than doubled, so that it now counts one hundred, and the hospital was divided into three wards, a medical, a surgical, and a gynecological, a small surgical hospital for thirty-four children being added in 1906, to the building of which one of the present Sisters devoted a legacy left to her. In addition to this the house has founded a small sanatorium in the country for twenty tuberculous women.

Besides the Sisterhouse in Helsingfors there are now three others in Finland: one in Wiborg, one in Uleåborg, and one in Sordavala. In the beginning of its existence that in Helsingfors was often required to send out nurses in private practice and as assistant Sisters to the secular hospitals, where, as has already been said, the standard of nursing was at that time very low indeed.

The impulse to a better order of things in Finland was given by Dr. F. Saltzmann, the first surgeon attached to the House of Deaconesses, and afterwards head of the medical board, in which capacity

e did much towards raising nursing in this country
o a higher level. He took the first step forward in
884 by starting a course of lectures on "First Aid to
he Injured," which was attended by many young
irls from the upper classes, for several of whom this
neant the opening up of a new perspective and the
wakening of an interest which sought to expand
nd to find a field of work. Dr. Saltzmann, always
eenly aware of the need of educated women in the
ursing profession, felt that a proper training must
e provided for the girls who were eager to take up
he work. The wished-for opportunity came at last
hen, in the autumn of 1888, the Surgical Hospital
n Helsingfors was inaugurated. This hospital, one
f the University group (the others are the Medical,
he Children's, the Eye, the Skin, and the Gynecologi-
al hospitals), contained 152 beds. Dr. Saltzmann
as its first prefect and, in the spring of 1889, started

had received her training partly in Sweden, and partly at the Royal Infirmary in Edinburgh. It was she who, with the faithful assistance of Dr. Saltzmann and of the resident, Baron Von Bonsdorff, organised the nurses' work in the hospital, which was no little thing to have done, and she gave herself heart and soul to the task of training women for the nursing profession. Her own working life was not long—the strain had been too much for her and she died in 1890 of heart failure. She was succeeded by Miss Hilda Montin, to whom the honour is due that in 1892 the course was lengthened to one year's duration with work in the different hospitals. Seven months of that time were given to the surgical, operative, and outpatient work, three months to the medical, and one month each to the children's, and eye, specialties. Miss Montin remained until 1903, when she was succeeded for a short period by Miss Olga Öhquist (Mrs. Olga Lackström, the present editor of *Epione*) and, on the marriage of the latter, by Mme. Sophie Mannerheim. As Mme. Mannerheim also received her training in England (St. Thomas's, London), two of the four Matrons of the Surgical Hospital have brought to the work English ideas and the English spirit.

As years have gone by the interest in nursing has grown stronger and stronger in Finland, and at least half of the candidates who nowadays apply for training in the University Clinics belong to the educated class. Since 1893 there have also been courses of training for another class of women held in several of the largest county and general hospitals. At first those courses were of half a year's duration, compris-

ing practical work in the wards and lectures by the Matron on the elements of nursing, but lately, in the hospital of Wiborg, a one-year curriculum has been established, and at the end of the course there is an examination. Those shorter courses have been instituted to train nurses for the small country hospitals, and for district work in the country, and because, as yet, the need for nurses is so great that the supply from the hospitals of the university is by no means sufficient, these shorter courses of training have had a mission to fulfil, though it is to be hoped that before long only a few of the largest hospitals will retain the training of nurses in their hands, and that the University Clinics will remain a kind of high school, where nurses can get special, as well as general, training. In a future which the early part of the century will see, they are all to be rebuilt on a site reserved for this purpose, and to that time nurses look forward for the introduction of a better training all over the country.

One training course of two years had been developed in the city hospital of Helsingfors, called the Maria, by Miss Koreneff, a graduate of the University Clinics, and, to the great satisfaction of Finnish nurses, early in 1912, she succeeded in her purpose of advancing this course to three years. The Maria is a small hospital, but its example in founding the first three years' training will be stimulating.

The University Clinics, the largest training school in Finland, takes yearly forty-eight students in nursing, some of whom (about six per cent.), naturally drop out. However, about forty-five complete their

training of one year's duration. To this year there was added, in 1905, a term of six months as staff nurse, either by night or day, in the wards, and on August 15, 1906, a preliminary training school was opened in connection with the hospitals. This training school, as well as the earlier existing Probationers' Home, is maintained by the Association of Nurses in Finland, which receives subsidies from the government to enable it to carry on this work.

To give in more detail the story of this home for probationers, we shall go back to an account of it given at the Paris Conference by Mme. Mannerheim, for it is not only a fresh proof of the way in which Miss Nightingale's influence has been felt in every quarter of the globe, but it shows also a very attractive bit of local colour, the establishment of a probationers' home by an association of graduate nurses being quite unusual;—no other such piece of administration, we believe, has been undertaken by a society of nurses.

"In 1888, when the new hospital was opened" [said Mme. Mannerheim], "and the one-year course decided on, the probationers had no central home; they had to live in the town, and this was of course a great inconvenience. When the nurses' association was founded, the nurses decided to take the matter in their own hands by opening a home for probationers, for which the necessary funds were secured, partly from private friends, and partly from the Red Cross Society. However, the association could not compel the probationers to live in the home, and the hospital directors thought it an interference with personal liberty to require it, so the home became a sort of hotel where the nurses could stay if they liked and as long as they wished. The results of this system were, obviously, a lack of discipline, and

dvantage often taken of the freedom accorded. The upils who went to theatres or balls in the evening ere not fit for their morning's work, and the others ad to do double tasks. Then, as it was impossible to ontrol the places where the nurses lived, cases of con-agious disease not infrequently broke out in the hospi-al, from infection brought by careless pupils.

"It was at this juncture that one of our nurses, who had aken a course of training in England" [this was Mme. Mannerheim herself], "had the great privilege of meet-ng Miss Florence Nightingale, who, with the lively nterest she always felt for everything connected with nursing, at once grasped the situation and told our nurse hat we *must* make remaining in the home compulsory for he probationers. She was even kind enough to give a sum of money to be spent in the home 'so soon as it should contain all the probationers.' This was brought about in 1906, and we are very proud of Miss Night-ngale's interest in our work, and feel it as a consecration

giene. At the end of the course there are written and oral examinations, and the probationers who pass go over to the home and begin work in the wards of the different university hospitals. The home, which in the beginning was very small, was enlarged, in 1906, so as to accommodate all the probationers in training. The course of training grew to comprise this preliminary course of six months, and one year's probationer work, during which time there were lectures given on therapeutics and surgical and medical nursing, with repetition classes. The staff nurses had yet no definite courses of lectures, but a plan of training was worked out by a committee in the beginning of 1909 to be submitted for approval by the government. This plan advocated a two years' course with three months' preliminary training.

The association of nurses founded in 1898 has done much towards fostering a true spirit of good feeling and comradeship between its hundreds of members, and still more has been accomplished by our little nursing magazine, *Epione*, to the beginning of which the impetus was given by Sister Agnes Karll's words uttered in 1907 in Paris: "Only get a nursing paper, and all the rest will come."

The nursing association in Finland, besides managing the preliminary school and home for probationers, collected money in 1909 for a fund to help sick nurses, and prepared to start this *caisse de secours* without delay. A couple of years later, it laid plans to initiate district nursing, and in 1912 the first visiting nurse under the auspices of the society was put in the field. It is intended to extend this service, and to make propaganda for public school nursing.

The entrance of Finnish nurses into organised relations with those of other countries was largely the work of Mme. Mannerheim, whose English training had acquainted her with the nursing movement in general. She came to the Paris Conference in 1907, where she took all hearts by storm, and returning home, so successfully inspired the nurses of Finland with the idea of international co-operation that in 1909, in London, the national association was represented by a splendid delegation and came into membership in the international group.

Norway.—In Norway, as in Sweden, the Red Cross is eminent in nursing work. Here, indeed, it seems supreme, as all nursing education and nursing extension worthy the name are evidently carried on under the auspices and by the efforts of the society.

Norway was one of the first countries to adhere to the treaty of Geneva. Her society was formed in 1865, but though relief was generously given in the wars of 1870 and 1877, and though the scope of activity was enlarged in 1892, the society then undertaking to distribute grants of financial aid made by Parliament to the parents of men killed in war, it was not until 1894 that the Red Cross Society of Norway began the systematic training of nurses. A home was established in 1895 and, while in training, the pupils are sent, after a six to ten weeks' probation, to different hospitals for general nursing, contagious diseases, obstetrical service, and surgical experience. They are also given a service in a tuberculosis sanatorium. The course of training lasts for one year and a half and is completed by a service as staff nurse in the home of the Red Cross Society. The first year

Sophie Mannerheim

Matron, Surgical Hospital at Helsingfors

is regarded as a school year, the pupils paying a small monthly fee, while in the half year following everything is provided for them free. The courses in theory are terminated by examinations. Besides the central school, the society carries on a number of branches in different parts of the country. The pupils must be strong, well educated, refined, and of high character. They are admitted between the ages of twenty and thirty-five, about twenty-four being accepted each year.

The Red Cross not only undertakes to supply nurses in war time, but also for private duty in time of peace. It therefore builds hospitals, staffs them, and organises the work of private duty registries. District nursing, too, comes within its range of undertakings, and Red Cross nurses are sent to the poor in their homes, as well as to assist in times of disaster or calamity from any cause. Finally, they are detailed to the campaign for the extinction of tuberculosis, which was initiated in 1899. Here they act as visiting nurses and teachers of hygiene and food preparation, and see to disinfection and the details of isolation of cases.

In the first eleven years of its work in training nurses, the Norwegian Red Cross educated two hundred and thirteen Sisters, of whom one hundred and sixty-five were to be ready at a moment's notice in case of mobilisation. However occupied, every nurse sends in a yearly report of her work.

The nurses who came from the north countries to the London Congress in 1909, wearing their uniforms with their Red Cross badges and brassard or their hospital brooches, were the most ideal set of

omen for their calling that one could wish to see; ll, fair, and fine-looking, their faces beaming with od and gentle strength of character. If the stories their profession seem short in comparison with hers, one must wonder if it is not because a uni- rmly high standard of education and character nong the people of their countries, resulting in a osen class of women as nurses, gives less to be dis- tisfied with, creates an ethical atmosphere, where endly co-operation thrives and strife is needless?

A Norwegian Red Cross Nurse

CHAPTER IV

THE REVOLUTION IN FRENCH HOSPITALS

IN January, 1908, a dramatic episode took place in the courtyard lying hidden between the grey and gloomy wards of the Hôtel-Dieu of Paris. A little group of nuns of the order of St. Augustine, the last ones left in the hospital, were about to leave it, as far as they knew, forever. A long-expected decree of the Municipal Council had made known to them the termination of their twelve hundred years of service there. For some time the laicisation of the hospitals had been going on, and the last ones to leave were the Sisters of the Hôtel-Dieu. In silence they listened to the decree of banishment. With courteous kindness and real sympathy, the Director General of the *Assistance publique* of Paris addressed them in farewell, endeavouring to lighten the heavy moment with conciliatory words of recognition for their long years of faithfulness. Those among them who chose to give up their vows, he said, might remain in their posts, due regard being had for their fitness, age, and length of service. Outside the walls a crowd had gathered. Some possible disturbance was feared and the police were there. Sympathisers wished to take out the horses from the Sisters' carriages and drag

them themselves, but this the police forbade. Presently the Sisters came out, entered the carriages, and drove away. One or two cries of "Down with the Republic!" were heard and several arrests were made before the groups dispersed.

More than one revolution had taken place in the nineteenth century, but, passing over those of political import, let us pause to acknowledge one of the greatest the world has seen—the revolution in medicine. In the fair land of France, in the year 1822, was born an infant who later, as a "grave, sincere, almost shy youth of unobtrusive manners," came to Paris to study chemistry. This was Louis Pasteur, whose life-work was to be the reconstruction of medical science, though he himself never studied for a medical degree.

There were strange opinions held in that day, such as, for instance, that physiology was of no utility in

ment of disease, and for the procedures of the nurse. He acknowledged reverently a remoter mystery which he did not attempt to solve.

It was he who brought Lister's attention to the germs of putrefaction and thus initiated the surgical revolution. Pasteur and Miss Nightingale were contemporaries,—their early years of study and action were almost simultaneous. Each was a seer and prophet of health and of disease-prevention. Like two noble pillars, the life, the work, the teaching of Pasteur and of Miss Nightingale stand side by side.

A strangely impressive picture must have been that of the long, bare wards of the Hôtel-Dieu in the days of the first experiments for rabies. Full of humanitarian compassion as well as anxious scientific preoccupation, Pasteur went there daily to visit the patients under treatment. Gravely and courteously he greeted the black-robed Augustinian Sisters on his way down the ward. Then seemed the past and future to meet personified.

The long period of depression, which in another volume we have called the dark period of nursing, was felt no less in France than in other countries. The nursing standards of the religious orders stood still or even declined, restrictions upon their rational activities increased, and the care of the sick fell more and more into the hands of a low order of "mercenaries," or ignorant and venal caretakers. Efforts to bring back a fresher spirit and set the religious orders free from regulations that interfered with genuine nursing work had not been lacking. Abbé Féraud, of Marseilles, comprehending the force of the criticisms directed against the Sisters, instituted an order

designed to do real nursing. Its members were to be selected from among the rescued foundlings, and they were to be dedicated to poverty but to take no other vows. Their training was to be given them by the Augustinians. Founded in 1840, this order gave good service for a time, but fell into decay because of internal dissensions. By 1890 only two of its members were left. Another strictly nursing order founded in 1840 was that at Troyes, the *Sœurs de bon Secours*. Their work was to be thoroughly practical and unhampered, but, like most orders with a solid basis of training, these Sisters were entirely taken up with private duty.

Within the great public hospitals a series of changes took place, as described in the following article by the Director General of the Paris hospitals, M. Mesureur:

were soon replaced by others of the opposite kind. The personnel became too numerous, and the profession, if such it could be called, became the refuge for all who were destitute or morally wretched, and instead of nurses there were only hospital hangers-on of a special kind. During the first half of the nineteenth century, from 1802 to 1849, no one knew how to obviate the physical, intellectual, and moral inferiority of the hospital attendants. The suggestion was made that these paid servants might be replaced by orphans from the asylums, but this was not acted upon. In 1836 a reorganisation was effected which created a hierarchy of attendants and supervisors, eight grades in rank being established, with wages rising according to the grade. This reform had little effect. Medical committees continued to register complaints of the unreliability, incapacity, and immorality of the ward nurses, and the nuns who were in charge of the hospitals made no attempts to instruct or discipline them.

[Here, in justice to the Sisters, it must be noted that, as they had little authority over the servant nurses, these being selected, placed, and paid by the civic authorities, they could not possibly discipline them, although discipline was always the Sisters' own strong point. And, with no real control, teaching was also impossible, even had they possessed the knowledge.]

In 1845 a more definite attempt was made. The engagement of employees was regulated by statute; premiums were given to night watchers for length of service, and old-age pensions or a home with living expenses were provided for all. Unfortunately wages were not raised, and the attempted reforms had little result.

The law of 1849, which is still in force in the Department of Public Charities, effected a complete centralisation of power and placed the affairs of the hospitals under one responsible head. This new organisation had an immediate influence upon the hospital service. Individual records of the employees were now kept, and each one's character and fitness were noted. Nevertheless, the evils so often pointed out persisted. The nursing staff, lacking special aptitude, and devoid of professional training, remained insubordinate, unstable, and immoral. The necessity of reorganisation was brought before the supervisory committee of the budget of 1861, and a thorough-going alteration of rules, covering all the details of service, resulted. In the twenty years that followed, these regulations have been modified or elaborated by a series of reforms, all having as their object the improvement of the nursing personnel.

Before going further with M. Mesureur's story, we pause here to do honour to a woman whose life redeemed the untrained sisterhood, a nurse of the old order, one of the uncanonised saints. In 1891 French and English journals noted the ceremonies held at La Salpêtrière in observance of the fiftieth anniversary of hospital service of Mlle. Bottard. On this occasion, great physicians and officers of the government vied with one another in eulogising a plain and unpretending woman of native genius and goodness. Charcot himself arranged the programme. M. Montreuil, the director of the hospital, read a poem of his own composition lauding her beneficent life, and she was decorated with several medals, including the coveted cross of the Chevalier of the Legion of Honour. Shortly before, the French

Academy had given her a prize of three thousand francs in recognition of her lifetime of useful devotion. *Maman* Bottard, or "the wrinkled glory of the Salpêtrière," as she was called, came from a peasant family and at the age of eighteen, in the year 1840, entered the Salpêtrière as a servant. But she so soon showed remarkable gifts for managing the nervous and insane that she was promoted to the nursing staff. She had acute insight and native wisdom, as well as a most loving spirit in dealing with the patients. It is said that she was the first to distinguish between epileptics and the insane and to classify the latter separately. "Great men like Lélut, Falret, Peyron, and Voisin consulted with her, giving her the highest posts in the wards, and finally the celebrated Charcot made her the Directress-General of his department, which is the great centre of study for treatment of nervous disorders in France."[1] She completed sixty-one years of active nursing service before she retired to finish her life in the hospital to which she was so fondly attached. [According to the regulations of Mazarin, a hospital bed with board was to be granted to nurses of the Salpêtrière who had completed twenty years of service there. She earned hers three times over.] When she died she was buried with military honours and a long train of distinguished men followed her coffin to its resting-place. She was spoken of in the daily papers as the senior secular nurse of the world, and as having broken all records of long and loyal service in the hospital since its foundation in 1656.

[1] E. R. W. in *British Journal of Nursing*, January 5, 1907.

We return now to the interrupted narrative of M. Mesureur.

The Municipal Council of Paris, after repairing the disasters of the war of 1870, undertook to reorganise all the city departments. That one called the *Assistance publique*, in whose care were all the dependents of the city, was the object of their special solicitude. A group of progressive men, chief among whom was Dr. Bourneville, realised that the true reform needed was to teach and train the staff of attendants in the public institutions and to elevate their moral standards. For this purpose the first schools for ward attendants were established. . . Regulations framed in 1903 raised the whole scale of wages, limited the hours of work to twelve daily, with meals provided by the hospital, allowed yearly vacations of from twenty-one to twenty-five days, free medical treatment for all, and leave, with wages, for women before and after confinement, and for men during

are bent upon a better system of selection of our feminine personnel. We have instituted a preliminary training at the Salpêtrière and, finally, we are about to open our School for Nurses. . . . Upon the threshold of this school I will end this brief summary. . . .[1]

The outline thus drawn is now to be filled in by approaching more closely to individual characters, and first to appear is the virile and picturesque figure of Dr. Bourneville, one of the most distinctive and easily the most militant among medical pioneers of hospital reform. A prominent specialist in nervous diseases, he was an ardent republican and free-thinking, even revolutionary, radical. As scientific medical man his list of achievements is long and notable. As radical civilian he was, in his prime, an active worker for municipal sanitation and hygiene. He held a seat on the city council of Paris, and while in this office succeeded in having the municipal nursing schools opened which he had earlier tried to secure through Talandier, another councillor. His battle-cry, indeed his religion, was that education should be free, universal, and secular. But he idealised instruction and comprehended less well the subtle essence of training. He was fully sympathetic with nurses on the economic side. For over thirty years he made the cause of the downtrodden and oppressed attendants, men and women, of the Paris hospitals, his special crusade, championing them in and out of season, with unfailing energy and disregard of all

[1] *L'Œuvre de l'Assistance Publique de Paris dans l'Enseigenement des Infirmières.* By M. G. Mesureur, Director General of the Department; in *Reports*, International Conference of Nurses, Paris, 1907.

personal sacrifices. The municipal schools in the hospitals were his dearest life-work, but in his passion for instruction he threw open the classes, lectures, and certificates to all the subordinates of the hospital, so that the cart-drivers, stretcher-boys, orderlies, and men in the store-rooms might and did study for the certificate of the nurse. He welcomed also students from the outside laity; women of leisure, desiring some medical notions for private life, or wage-earning women, hoping to take up private nursing. Many private nurses in Paris have had no preparation for their work save the theoretical course of the municipal schools and the brief indefinite privilege of "walking the wards" that went with it. But rudimentary as these schools were, the difficulties under which they were carried on make them unique in hospital history. When they were founded, few of the pupils could read and write; this must be first taught; then the courses were not compulsory, so that only moral suasion and appeals to ambition could be resorted to, in bringing out the weary, overworked ward staff in the evenings; finally, as there were only four centres of instruction, pupils had to travel long distances from one hospital to another. Under such circumstances, both pupils and teachers command admiration and respect.

To the Paris nursing conference came Dr. Bourneville in person, venerable, but still militant, to read there the story of his long and often single-handed warfare for nursing reform. From this somewhat prolix narrative, listened to at the last with some impatience by those of the younger generation, we take what follows:

How did I come to occupy myself with the question of the instruction of nurses? I recall two incidents: In 1862, I was an externe in the surgical service of the Hospital for Sick Children. An operation was being performed upon a newly-born infant with imperforate anus. Mother P—, a woman in her forties, in handing the instruments turned her face away and held a hand before her eyes in order not to see the field of operation. This singular attitude caused me to reflect upon the manner in which the religious Sister regarded her functions as nurse. Was this the exception, or was it the rule?

Again, in 1869, in making rounds one morning, we found a man with acute heart disease sobbing in deep distress. Questioned by Professor Hardy he said: "Am I really very ill? Am I going to die?"—"Why do you ask?"— "The Sister brought the priest without my asking, and he gave me the last sacrament."

During this period I had read the articles in the *Lancet* upon the English nurses and their training. The development of our schools of instruction came about in the following manner. In 1871, I wrote a letter to Charles Delescluze upon the organisation of instruction, with the purpose of preparing efficient nurses to replace the Sisters. In 1877, I went to London as one of a delegation from the municipal council. I took advantage of this opportunity to visit hospitals. At the Westminster Miss Merryweather gave me full information regarding her school and the others in England, and, armed with this knowledge and ready to act, I succeeded in having a resolution passed by the Municipal Council in December, 1877, a few months after my visit, authorising the creation of schools for nurses.

I had been led by the incidents previously mentioned to observe the nuns carefully, as well as their auxiliaries, the servant nurses and the chaplains, in their relations

to the sick, the medical staff, and the administration—to take their history just as we took those of our patients. . . . These observations may be summed up as follows: The nuns: little time given to the wards; much spent in religious exercise. Little or no personal care given to patients, especially as concerned necessary attentions to the genital zone; refusal to nurse venereal cases, lying-in women, and unmarried mothers. These were left entirely to the servant nurses. . . . Meagre respect for administrative rules. The Superior or prior came before the physician or the directors; the soul was more important than the body. Thence the necessity of laicisation. . . . Religious services were undertaken by the parish priests and every care was taken that patients desiring the solace of religion should be fully satisfied under the new system. My observation of the nuns showed me that the majority of them, aside from certain wealthy convents with a large dowry requirement, were recruited from the *bourgeoisie*, had had only

entire secondary personnel—the under employees, and the nurses, men and women. This programme included: (1.) Improvement of the way they were lodged, doing away with dormitories and providing single rooms, comfortably furnished in conformity with hygiene, so that they would prefer them to the saloons and the streets. (2.) Improvement of their food. (3.) Improvement of wages, which, in 1878, the Municipal Council raised from 15 to 25 francs. (4.) Better provision for pensions. (5.) Finally, the schools of instruction.

It was thought best to place them at first in those hospitals having secular head-nurses and supervisors, and the choice fell upon Bicêtre, with 235 nurses, and Salpêtrière with 393, where there were already primary teachers for the retarded children. The services of these teachers could be utilised, and thus the argument of expense, advanced by the opponents of instruction, was met. The school at Salpêtrière was opened on April 1, 1878; that of Bicêtre on May 20th, and Pitié on May 24th in the same year; that of Lariboisière on December 11, 1894.

Six months after the first course was started, an English physician who had taken Dr. Bourneville about in London came to Paris and described his impressions of the problem to be solved. His general tone is pessimistic, but he adds: "I went to the lecture. The class was earnest, the lecturer enthusiastic. They feel it a truly missionary work."[1]

An interesting thing was the response of the nuns themselves. "When the schools were first started," said Dr. Bourneville, "they avoided the instruction courses; then some came in civil dress, unobtrusively, and at last they came openly, officially. Every year,

[1] E. H. in *British Med. Journ.*, Sept. 7, 1878.

from 1898, a group of from eight to twelve cloistered nuns from the Hôtel-Dieu came in carriages to the Salpêtrière."

The course of instruction comprised simple outlines of anatomy and physiology, hygiene, minor surgery and dressings, materia medica, obstetric nursing and care of the newborn, massage, and the care of the insane. The teaching of anatomy was severely criticised, though Dr. Bourneville said that what was taught should be known by every school child. Much criticised too were the lectures called "hospital administration," treating of hospital rules, ward housekeeping, details as to patients' clothing, hospital linen and equipment, disinfectants, the ordering of ward supplies, the general duties of nurses, what to do in case of death, etc. It seems quite incredible that instruction of this kind should have been objected to as unnecessary for nurses. Dr. Bourneville rightly insisted that it was indispensable.

There were also lectures on the organs of special sense and their diseases; nutrition and diet; the signs of death; modes of burial; infant feeding; and the perils of tuberculosis, venereal disease, and alcoholism. Brilliant and enthusiastic medical teachers brought their best to these discourses, painstakingly lavishing on the unlettered pupils a scientific nomenclature that they could not understand. The courses were given with blackboards, manikins, skeletons, and objects. Within certain bounds, Dr. Bourneville must be fully credited with upholding the teaching of nursing by nurses, for practical lessons were given daily by selected head-nurses in the wards, the

pupils coming to them in groups. Some of these lessons were well, others carelessly, given, the head-nurses being busy or tired. Those who were conscientious were always appreciatively mentioned and thanked in the annual reports written by Dr. Bourneville. Once a week all pupils were to rehearse under the eye of their teacher what they had been taught, and to put it into daily practice in their wards. The externe pupils had the same routine, though their ward work was very limited. To meet class needs, Dr. Bourneville, with the collaboration of the professors, prepared a nursing manual, using as a foundation a handbook written by an English nurse.[1] The first edition of this manual should be a treasure for collectors, for, in order that it might be easy to read, it was printed in large type like a child's primer.

Though Dr. Bourneville might have seen how indispensable a part the English hospital Matron played in English nursing, he left her out of his plans for the Paris hospitals. Whether this was from a failure to understand, or from love of dominance, or belief that Paris was not ready for her, we do not know, because he never mentioned her at all. But from the testimony of those who knew him it seems probable that, with benevolent and paternal self-sufficiency he believed himself able to administer a satisfactory nursing system, and would not have liked giving a Matron the place she held in England. Kindly and appreciative in his demeanour to the nurses, their status allowed a much greater condescension and familiarity than was the case in Eng-

[1] *Handbook for Nurses for the Sick*, Zepherina P. Veitsh, London, 1876.

land. It was usual, for instance, for the nurses in Paris to be called by their first names.

The annual reports of the municipal hospital schools show that for full thirty years he insisted steadily on the need of rotation in service for the pupils, reform of night duty, better rooms, food, and pay for the nurses, and that he always urged the importance of sitting-rooms, libraries, and museums of nursing appliances, a long record for which he deserves lasting recognition. His weakness was that like many reformers he was hostile to every advance that went farther than his own. Sincere and militant as he was, he had a childlike vanity that made him sensitive to criticism, and he died wounded by the evidence that his work had been but one stage of progress and not its complete realisation. After his death Dr. Hamilton wrote of him:

of Mme. Gillot, a kind and sweet woman who, as head teacher of the children on the hospital domain, was put in charge of the primary education of the nurses.

Fifteen years ago the Salpêtrière was entirely unlike any other of the hospitals of Paris. Its distance from the centre of town, its important buildings, its immense gardens and its beautiful avenues of old trees, gave one, on entering, the impression of a pretty little provincial town where the mind could repose in perfect calm. . . . The staff was composed of two distinct elements. The first consisted of young girls from the provinces, Bretons for the most part, who had been called to the Salpêtrière by their friends or relations already employed there. The second element was composed of those families, parents and children, who during perhaps three generations had all been continuously in the service of the hospital. It is easy to imagine the profound dissimilarity between this staff and that of the other hospitals. Trained by tradition, one might say, the nurses of the Salpêtrière followed in the steps of their predecessors, attached themselves to the institution and often refused all preferment rather than leave it. In 1835 an elementary school had been established for the nurses, but it had been discontinued in 1845. . . . When, in 1878, it was decided to open a school for the professional instruction of the nurses, it was realised that few of the staff would be capable of profiting by the lessons. The elementary school was therefore reopened in April, 1878, with sixty pupils. Classes were held every evening. The pupils were divided into two groups, and these, again, by reason of the inequalities in their education, were each subdivided into several smaller ones. Most of the girls could neither read nor write, and a good many of them, by reason of

their Breton origin, could not even speak French. In 1888, of seven hundred and twenty-eight pupils who had taken the professional course, two hundred and ninety-three had acquired all their elementary instruction in the hospital. In 1891, the organisation of the school remained the same. . . . But the law on compulsory education had now begun to show results. Illiteracy was diminishing, and a more general foundation of study enabled us to prepare the better pupils for the certificate of primary studies. The programme followed in these schools was the usual primary instruction for adults. But we endeavoured to make this a preparation for the professional instruction by taking the dictations, reading lessons, etc., from the *Manual of Nursing* which Dr. Bourneville had prepared, and by selecting the same subjects which were being treated by the professors in the lectures. The primary studies thus served, to a certain extent, as "quizzes" for the professional lectures, and the teachers were often enabled to explain points not clearly understood by the pupils. This teaching, however, would have seemed very incomplete to us if it had not included moral instruction. All the teachers, including myself, took advantage of every opportunity to inculcate in our pupils' minds a high ideal of their mission, to inspire them with an absolute professional probity, and to encourage them to maintain a bearing that would command confidence and respect. We impressed upon them the importance of the spiritual qualities of the nurse—and often a naïve reflection and apt comment showed us that our words were taken to heart. . . .

Toward the end of the nineteenth century, the question of finding openings to self-support for refined young women was one that gave much thought

to educators. The principal of a girls' high school at Versailles, Mlle. Allegret, keenly interested in the future of her pupils, to whom little but the already overcrowded profession of teaching was open, came to the conclusion that nursing offered an alternative of great possibilities. It was largely due to her that a numerous group of men and women, chiefly philanthropists and teachers, with Mme. Alphen-Salvador as president, opened the private nursing school known familiarly as the school of the Rue Amyot. This was the first attempt made in France to introduce what was called in England, in the early days, the "Lady Nurse." A pleasant and refined home combining many of the features of a school was provided for the pupils, under the direction of a gentlewoman, who, however, was not a trained nurse nor familiar, with the work of nurses.

The society, called the Association for Developing Aid to the Sick, instead of trying to enter their pupils in some one of the large hospitals, founded ten hospital beds for pay cases and opened a dispensary for free patients to supply the pupils' practical work. At first the experiment promised well. A well-bred class of young women entered, full of enthusiasm over the new career. But the school never developed on the practical side. There may have been several reasons for this: the woman at its head not being a nurse may not have known how to advise; the directors of the public hospitals may not have wished to open their wards to it. (M. Mesureur, at one of the annual meetings, intimated that he would willingly give the school a set of wards, but could do so only with the consent of the chiefs of staff. See 8th

report of the association.) Or the doctors may not have realised the need of hospital experience. Dr. Rist, one of the lecturers at the Rue Amyot, said in one of his addresses that the Paris hospitals were not suitable for training. But above all was the management at fault, in being satisfied to gain permission for their pupils to "walk the wards" like medical students, for a few hours daily. This, of course, was more than useless. An observer, seeing a group of these pupils one day in a large hospital took them for medical externes. One sat down to read while waiting for rounds to begin; several others chatted together; when rounds began they attended and heard diagnoses made, watched operations, and examined patients who were dirty, ill-kept, and ill-cared for.

The Rue Amyot school has, with time, developed into a private nursing institution rather than into a

of the Bordeaux training schools for nurses. It was Dr. Anna Hamilton, author of the famous thesis on nursing which had been published in 1900, and had had almost the effect of a bombshell in French hospital, medical, and administrative circles. This was the woman who had quietly introduced the "Nightingale System" into Bordeaux and set the boundary line between two eras of nursing. Unassuming as she appeared, the extraordinarily keen steadiness of her eye declared an indomitable spirit, and when, in tranquil tones, she pronounced the words: "The school of nurses is attached to a hospital and constitutes its nursing staff. A woman directs the hospital and training school. We hold that the value of training depends on these two points," every one knew that a gage of battle had been thrown down before the assembled hosts.

Dr. Hamilton had studied medicine with high ethical, even religiously serious, purpose, but the practice of medicine as she saw it in the wards of hospitals so revolted her that, shocked by the callousness of the medical students and the coarseness, even brutality, of hospital procedure, she had almost given it up, when, arriving by her own reflections at the conclusion that the care given to the patient might be organised on a moral, intelligent, and sympathetic system, and that medicine might then become truly beneficent, she decided to take the subject of hospital nursing for her thesis when going up for her medical degree. This thesis, for which she travelled far and wide and, with personal research, visited and examined hospitals in other countries and at home, is a complete history of nursing orders, systems, princi-

ples, and standards, richly illustrated and containing a copious bibliography. Beginning with an outline of the care given to the sick in pagan and in early Christian times, it makes a thorough critical and comparative study of all the varying systems of nursing in existence at the time of its writing, the merits, shortcomings, and defects of each being examined and pointed out with scientific accuracy. Judgment is fearlessly pronounced, no matter how dangerous the ground trodden upon. Constructive recommendation is clearly put forth. The book is a landmark in French nursing history.[1]

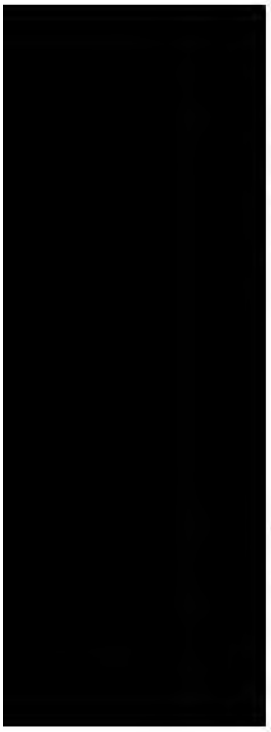
Dr. Hamilton's own story is now to be told:

I was born in May, 1864, in an old country house on the slope of the hill near Florence, which had been a convent belonging to the Medici. I have a small bronze bell which was found by my father when some digging was being done, with the coat-of-arms, the six pills under a crown, of the Medici princes. Oddly enough, the one brother and myself who were born in that house both studied medicine. . . . In 1876, we went to live in Bordighera. . . . My father lost his fortune, and I learnt all kinds of household duties from my mother, who was French. For many years economy was the watchword, and of four daughters (two elder at school or more or less away and a younger one) I was the only one who was supposed to be responsible for housekeeping and all sorts

[1] *Considérations sur les Infirmières des Hôpitaux.* Thèse presenté et publiquement soutenue à la Faculté de Médecine de Montpellier. 8°, 335 pp. Imprimerie Centrale du Midi, Montpellier, 1900. As a thesis is not sold and can be found only in libraries, Dr. Hamilton, later, in collaboration with Dr. Felix Regnault, prepared a somewhat similar but smaller book called *Les Gardes-Malades Congréganistes, Mercénaires, Professionnelles, Amateurs.* Vigot Frères, Paris, 1901.

Doctor Anna Hamilton

Founder of the "Florence Nightingale System" in France
Reading her Thesis at Montpellier



of trades besides. This explains how, though a physician, I know the practical duties of life. But my mind was hungry; I felt the emptiness of it all and longed for intellectual work. Then it was that I took to reading the medical books in my father's library. He had at one time wished to study medicine himself, but my Irish grandfather, hearing about it, was very much angered and said he would disinherit him if he brought such disgrace on the family. . . . He gave it up, but when he saw his daughter reading medical books he was amused and said he would quiz her twice a week, not believing she would persist. But as she did, a few weeks later he proposed she should study medicine seriously. My grandfather was then dead. . . . I started for Geneva to prepare there to enter the school of medicine. . . . The first of December found me in Marseilles, a student. Relatives and friends were now quite startled, and some were shocked, for my undertaking had been a good deal laughed at. It was decided that intense will power had enabled me to succeed so far, but that brains would not allow me to go farther. But I went through the examination of that year with a "very good" and got the first prize at the first year competition, being the only woman among ten students. After that it was supposed I would get my degree, but then I began to doubt it. Medicine was disappointing; patients were not cured; doctors explained more about the hidden details of disease than about the way to relieve suffering. Fifty-five minutes were spent on the disease, and five more in saying that such a remedy was used but was not much good. Thus it was that, despairing to learn to cure, I thought it ought to be a duty at least to soothe all unnecessary pain. I never had had opportunity to know nice nurses or to see patients who had been properly nursed, until 1895, when I began to hear about it, but my mind being set upon the subject, I thought it out for myself, and studied

nursing books. Florence Nightingale's *Notes on Nursing* I most admired. Then in 1898, when I went to England, I was deeply impressed by all that I saw in the London hospitals.

Oddly enough, Dr. Hamilton, who was to introduce the Nightingale system into France, was not permitted to use the wards at St. Thomas's for her observations, as she had hoped to do. But at St. Bartholomew's she found in Miss Isla Stewart a generous hostess who gave her the freedom of the wards, and, that she might not seem like an intruder, a broom to carry about with her. Let us pause to say that this was most characteristic of Miss Stewart.

. . . My studies had been constantly interrupted. . . . My father had died . . . after some little time I could go on. . . . When I took my manuscript to the president I

at your manuscript and after all I think it may do with just a few changes." He had crossed out about thirty lines—some remarks about the Sisters and an anecdote about Pope Pius calling in a non-Catholic physician. . . . But twice he said to me, "Who wrote that thesis for you? You did not write that all yourself?" I was greatly amused, for no one had in any way helped me. . . . I did indeed feel the value of independence while preparing it. Many people would have been happy to prevent my publishing such a book, but they could not get hold of me. Professor —— declared that if I dared to walk into his wards again he would send me away. I did not give him this opportunity. I had been there many times, and had noted in my diary many of the disgusting things that could be seen there. I stopped going to the hospital and worked hard at my thesis. But my friends, too, tried to discourage me. One day I had been so annoyed that I was foolishly shedding tears on my manuscript when a *féministe* lady came in, and told me that all my trouble was a proof that my work would not be worthless.

I handed in my thesis in June, 1900. I had worked all year on it, and it was gossiped about that I would never finish it; that it was absurd; that it would not be accepted on account of the menial subject. This brought a small crowd, about two hundred, to listen. The time was noon, and such proceedings usually took about fifteen minutes. But that day the four judges were shut up in their council chamber and everyone got impatient. It was one o'clock when they came out in their scarlet silken robes, looking excited and red in the face. It later got abroad that they had been discussing my thesis. It had been expected that the president I had chosen and one of the judges would be favourable, and the two others hostile. But one of the latter, receiving my thesis on the eve of that day, had told some students that he could not lecture to

them because he meant to demolish it completely and so would have to read it carefully. As it was quite long, it was known that he had spent most of the night in reading it, but was, as it turned out, entirely convinced by it. Quite enthusiastic, he argued for it with the remaining hostile judge, and they all forgot that the audience was waiting. . . . The discussion was hot, and the most controversial statements were made by the judges to one another. . . . I passed, but the obstinate judge would not agree to my having a "very good," being determined that I should not gain the thesis prize, which would probably have fallen to me, as my thesis was the fullest ever presented to the faculty of Montpellier, and based on personal research. The papers of the day had much to say about it, and urged that it be published for sale.

I looked for a post in a hospital, as I meant to put my ideas into practice. But in Paris I met only with criticism. It was said I had angered all the Protestant religious party (on account of my criticisms of the deaconesses), all the Roman Catholic party (by what I had said of the nuns), all the Paris authorities (because I criticised the lay nurses), and all the good patriots of France (because I praised foreign ways)—therefore, no wonder I got no post. . . . But later I was called to Bordeaux to reform this hospital, and took charge of it in May, 1901. It had been for thirty-six years in the hands of a lady, the widow of a clergyman, and ladies with a hobby for nursing came here for lectures and to attend in the out-patient department. The wards were in charge of rough male servants for the men, and six young girls, who were much less considered than the porter's wife, for the women. They had no uniform, often slept in the wards, their food was coarse, and there was no rule as to off-duty time or attending of lectures. The largest ward of the hospital, for male cases, had three windows, two of

which had blinds that would not open, therefore neither sun nor air could easily get through. The beds were of all heights, some with straw mattresses, the bedding was revoltingly dirty, with brown blankets and stiff oilcloth for mackintoshes. On the tables near the beds were earthen jugs for the *tisanes* (medicinal teas), mostly broken, patients drinking out of them; chambers or urinals, food, and iron spittoons once painted green, now all worn out by rust. Several night-chairs stood permanently in the wards and were very unpleasant as to odour. Under the beds were parcels and bones; around each bed, in the morning, burnt matches and expectoration were freely scattered. The beds had posts and cross-bars, once used for curtains, then to hang trousers and jackets on. Small quilts made of rags lay at the foot of the beds over the brown blankets. Everything was dirty, dark, and untidy. Now all is changed, and our school and hospital quite up to the plane of the English ones. The patients of olden times, when they come again, are surprised and pleased. A great many people were shocked at my changes, and said all kinds of things against the new nurses, but after almost nine years' work, the worst enemies have been conquered. Those who were the most hostile now send for the "new nurses" when they are ill.

The hospital of which Dr. Hamilton now took charge,—the Maison de Santé Protestante,—and where she was determined to introduce the modern system as soon as possible, has an interesting history. Founded in 1863, under voluntary management, for Protestant sailors, it grew rapidly into a free general hospital, including all branches of service. From the outset its founders had wished to develop a nursing institute in connection with it. In 1884, the superintendent, Mme. Mommeja, urged

this anew, and a year later the managers offered a course of training, but no pupils presented themselves. The only result of the efforts made was that courses of lectures were started which were attended chiefly by mothers of families. Pleased by these lectures, women of leisure persuaded the Society to Aid Wounded Soldiers (one of several which later united under the Red Cross) in 1887 to grant them diplomas after an examination in theory given by physicians, and in the next three years twenty such diplomas were given, only three of which fell to women who were actually working in the wards. In 1890, the managers determined to give their own diplomas, and to create a "Free and Gratuitous School for Nurses." (The word "free" meant non-sectarian.) The superintendent was now Mme. Gross-Droz, who had taken the Red Cross lectures

When Dr. Hamilton took charge, her first step was to put a stop to the cherished custom of allowing society women to crowd in at major operations, and to swarm over the dispensary among the patients. She next called upon the younger women who came to lectures to enter the wards and help with the nursing. Mme. Gross-Droz and her party were scandalised, holding that a young girl's prospects of marriage would be destroyed by doing such work. As it was found useless to argue with Dr. Hamilton, the Red Cross Society was called to the rescue, reinforced by the offended women whose privileges had been cut off. A drawn battle followed between Dr. Hamilton on the one hand and the indignant amateurs on the other. They hoped to get rid of her, and all their social influence was bent to the effort of persuading the hospital managers to give over the dispensary and operating theatre to the Red Cross Society for its pupils. This would have entailed Dr. Hamilton's resignation. It was a difficult position for the managers, as the hospital was supported almost entirely by private contributions. To their great, lasting credit, after hearing Dr. Hamilton's statement of the moral and scientific needs of the patients, they decided to uphold her, and the Red Cross Society, being offered only such opportunities as could be given without disturbance of the service, retired. Mme. Gross-Droz resigned from the post of lecturer, to take up the work of teaching Red Cross pupils in a small private nursing home.

Dr. Hamilton writes:

Ladies crowded in to get the certificate of the Red Cross Society, which entitles them to hold the posts of

superintendents of nursing and Matrons of hospitals without ever having served in a hospital ward. If war were to come, there would be chaos. For instance, a contract dated 1890 exists between the Protestant Hospital and the Red Cross, which entitles the latter, in case of war, to take charge of one-half of this hospital as Hospital Auxiliary No. 16, and to take wounded officers there. By the contract the regular personnel of the hospital would have to withdraw, and the military cases would be attended by a superintendent, Sisters, and nurses, trained in this absurd manner by the Red Cross Society. This is one instance of what would happen all over France.

Reorganisation now went on fast. The diploma was given only to those who had spent two years in the wards. The men attendants were dismissed. The nurses were put into uniform, new quarters arranged, and a sitting-room provided for them—the first one in France. Ladies were allowed to come to certain lectures, but without recognition. Finally things were so ordered that a trained nurse could be called in to organise a school, for Dr. Hamilton had insisted from the first that physicians could not teach nursing. A Dutch Sister was first called; then two Swedish Sisters, but without success; finally, the *entente cordiale* having been established, she was free to bring in an English nurse—this having been at first refused her as impossible—for the Boer War had had a malign influence even in nursing work.

In 1893, a young Englishwoman with a strain of French blood was studying in Paris. Hearing a friend's anxiety over a severe operation case and the difficulty of home treatment, she said naturally, as

an Englishwoman would: "Why not send the patient to a hospital?" The reply, "We never send our friends to the hospital in France; even the poor spend their last penny before doing so," made a deep impression upon the listener, and she thought to herself, in the half-mystic way which doubtless in earlier days would have been called a vow, "If I ever become a nurse, I shall work in France." The young Englishwoman was Catherine Elston, and in the same year she was in training at the London Hospital.

In subsequent work from time to time, vague rumours of Miss Hamilton came to her as if to keep alive the semi-involuntary wish. One day, carelessly turning over the pages of a magazine, her eyes fell on the words "Dr. Anna Hamilton, École Hospitalière, Bordeaux." She immediately wrote to her to tell of her wish to work in France. By a curious coincidence, Dr. Hamilton had just written to Miss Lückes at the London to ask for a head for her training school, the Swedish Sister having gone. Miss Lückes evidently had not realised that destiny intended Miss Elston for the French nursing revolution, for she had replied that she had no one to send. Three weeks after receiving a personal offer from Dr. Hamilton to take charge of the school, Miss Elston was in Bordeaux.

The career of unbroken success and brilliant achievement that fell thereafter to her lot, graciously and most modestly met as it was, should be a source of pride and satisfaction to her alma mater. It would have been hard to find anyone better adapted for the work in hand. By birth and environment a

well-bred and cultured lady, of charming personality, at once winning and dignified, with no little sense of fun and humour combined with an excellent discretion, a very able executive and a gifted teacher, cherishing independence of thought and freedom of will without egotism, she has in appearance and manner as much that is French as English, and this happy combination makes her an ideal leader for the young gentlewomen who come to enter the new profession. Within the brief span of three years' time the entire order of work and teaching in the Protestant nursing school was transformed, and brought to as high a level as that found in any country, for not only do the Bordeaux schools show a complete grading and rotation of services, giving the nurses special as well as general branches of nursing, but the theoretical programme has been elaborated to unusual harmony and fitness. Miss Elston, however, was allowed to remain with Dr. Hamilton only long enough to train her successor.

The course of events now brings us to one of the medical fraternity who, among all those who have interested themselves in nursing progress, holds a place at the very forefront for what he did, and merits a unique regard for the way he did it. Dr. P. L. Lande, of Bordeaux, was a very determined and very liberal man, who wielded much power and influence. At the time of writing he occupied the chair of Medico-Legal Jurisprudence in the University of Bordeaux, was the Medico-Legal Jurist for Southern France, a member of the National Council of Public Charities, and a member of the Administrative Committee of the Civil Hospitals of

Catherine Elston

Directress of the Tondu Hospital and Nursing School, Bordeaux

Bordeaux. Recently decorated with the *Cravate du Commandeur* of the Legion of Honour, a distinction bearing witness to distinguished public services, he was weighty in public councils and genial in private life.

At the time Dr. Hamilton was initiating her work at the Protestant Hospital, Dr. Lande was the Mayor of Bordeaux, and on one fortunate day he was taken to see the new wonders there by Mme. Kriegk, a friend of Dr. Hamilton's, a brilliant, intellectual *féministe* full of ardent sympathy with social-reform movements. Impressed and delighted by what he saw, Dr. Lande determined to introduce the same system into the public hospitals. Many were the discussions that followed. The little group of friends talked over every possible way of beginning and it was decided to try the experiment in the large hospital of Saint André, holding a thousand beds, where three of the twenty-two wards should be selected as an experimental field. The hospital was already staffed by Sisters of two different orders, that of Nevers and Saint Vincent de Paul, the more menial parts of the ward work being performed by attendants, while the more strictly nursing duties fell to young medical internes. It was decided that the new training should be open alike to the nuns and to the secular staff of this and of other hospitals, no distinction of religion being made. It was thought best that a Dutch nurse should be chosen as the head, for traditional hostility toward the English still smouldered, so, though Miss Elston would have been glad to try the experiment, Dr. Lande and one of the city officials went off to Holland and

brought back a Matron who had been highly recommended by a physician, but who proved to be unequal to the extraordinary amount of adaptation needed. After three months she gave up the struggle and the Protestant Hospital then came nobly to the rescue, by lending Miss Elston to continue the trial.

It may be imagined what she found confronting her when, in April, 1904, she entered St. André, with its incompatible mixture of elements, authorities, purposes, and prejudices. The resident medical students were furious at the oncoming of a school for nurses. They had written a pamphlet of fifteen pages, declaring that all a nurse needed was to be clean and intelligent; all the rest was in the doctor's province.

"Is a school needed to produce such nurses? No. Any intelligent and zealous young man (medical student) can gain easily and quickly, under the direction of an elder comrade, and with the instruction of the chief of staff and the house men, the knowledge necessary for the care given to the sick." The young men contended that the nurses would surely go into private duty in the town, taking this also away from the students of medicine, and that they would also as surely practise medicine unlawfully. The male secular attendants at St. André wrote a badly spelled, menacing letter to Dr. Hamilton, threatening her with vengeance, and obscene articles were published in the public press. The Sisters naturally enough could feel no sympathy with the new régime, yet many of them absorbed a good deal of the practical teaching, and their own nursing improved materially in many instances.

The diary of one of the nurses gives a lively account of the opening days:

At two o'clock in the afternoon the Préfet of the Gironde, M. Lutaud, accompanied by M. Lande, Mayor of Bordeaux, and the members of the hospitals committee came to inaugurate the nursing school in one of the women's wards of Saint André. In his short address of encouragement, he said he would uphold the school at all costs: "*Je soutiendrai l' École envers et contre tout.*" This is now the motto of the school.

The ceremony quickly over, the assembly disperses and we begin work. There are three cheftaines (head-nurses) and seven probationers, two of whom know something of hospital patients; the others had never set foot in a hospital. A cheftaine and two probationers are to go on night duty; our ward of thirty-eight beds, called Salle Première, is allotted to two surgeons, both of whom are opposed to the introduction of lay nurses. The patients, after the first curious interest is over, begin to sob and moan. Who knows what they had heard of us? We begin by putting the ward tidy; the cheftaines inspect their new services; the evening dressings and treatments begin; we want some boiled water—no signs of any nor means of preparing it; the ward maid explains that it must be fetched from behind the pharmacy, which is five minutes away along endless corridors and passages. A pupil goes for it with a huge enamel jug, but on her return the jug is empty; it has a hole in it. At last we get some boiled water and begin the work. New disasters; in giving the douches all the beds are found sopping; the douche tins leak. About four o'clock we see water running from the bathroom into the ward; on examination we find the overflows plugged with wool. At five o'clock we are trying to wrestle with the

dinner, when the ward maid announces her departure. She goes and is not replaced. But we do not lose heart. We manage to get the washing-up done, although to our horror we discover the new pupils washing sputum cups and tea-cups together. The ward swept and more or less in order (principally less), we give over the patients to the night nurses. The pupils go home, scared and dispirited.

The next day we go on duty at six-thirty. The cheftaine has a few surprises about the linen. Yesterday the linen cupboard was well filled and seemed very tidy; but when the piles of clean shirts, distributed among the patients are opened, they are all found to be in rags. Everything is in the same condition. While the nurses are making the beds we hear many unpleasant remarks, comparing us very unfavourably with the nuns. Several of the beds are wet and the mattresses have to be changed. We are at a loss to account for this accident, unusual in a surgical ward, but later, when the patients become friendly they confess to us that they had emptied their hot-water bottles into the beds, thinking that the mattresses would not be changed and that the nurses would be discredited in the eyes of the doctors.

At 8.30 come doctors' rounds. The drawbacks we had met had belated us. The temperatures are not even taken. The night before we had quite forgotten them, but in the morning, when the cheftaine went to her dressing closet she found only a row of empty cases. The new staff had never been present at rounds. No one knew the doctor's ways. There are practically no dressing bowls; the drugs and instruments which they expected to use have "vanished." The few instruments at hand are out of date or broken. When rounds begin all the students from the whole hospital meet in our wards to see "Les Bleues" [the nurses wore blue uniforms]. The confusion is indescribable. We have literally to fight our way to

the doctors. The next day is better, as the administration puts up a notice forbidding all except those belonging to the ward to enter it. All sorts of vexatious rules are made for the lay nurses. . . . After a little, things begin to improve.

In the Protestant Hospital Miss Elston's place was taken by Mlle. Larimanou, one of the graduates, and from that time a nurse of the school has held the position. For six months Miss Elston kept her footing, and in October, 1904, the Préfet came to her and asked if she felt capable of managing a hospital alone? She said, "Yes, if she could have it under her control." She was then transferred, with a staff of nurses, mostly from the Protestant, to the Tondu, a city hospital of some 120 beds, where she soon had a model system established.[1] Back of this success was the solid strength of Doctor Lande.

The hospitals, like the public schools, were foot-

[1] The administrative committee of the hospitals voted five to four for the creation of the secular training school. In the affirmative were MM. Lande, Preller, Dupeux, Dubosc, and Lauga. Against it were MM. Daney, Lanusse, Faure, and Magne. M. Daney brought his objections carefully written out, to be inserted in the minutes. They were under four heads, the first three being of negligible import; the fourth read as follows: "The organisation of the new personnel of the proposed school, in placing under the authority of the Directress head nurses and certificated ward nurses, who, having completed their studies, no longer belong to the school, is an innovation dangerous to administrative order, and is, as M. Sabran with his eminent authority has declared, an organisation incompatible with the rules regulating public institutions, and can lead only to a fatal confusion of powers."

After the decision became known, a meeting of the medical and surgical men of the city was held, at which time, says a Bordeaux paper of that date, a unanimous vote of protest against the proposed school was passed.

balls in the game of political strife, and feeling ran so high that he lost his re-election as mayor of Bordeaux, but still, quite quietly and with few words, he has continued to use his influence to put trained women where they belong, and to secure for them the necessary footing. It is in this that he is unique, and he deserves, for his frankly *féministe* attitude, the high esteem and gratitude of the nursing profession he has done so much to foster. He has written very discriminatingly of nursing, and with weight, often entering the lists when some public controversy over hospital questions was going on. In the *Journal de Médecine* of Bordeaux (23 Oct., 1904), he said:

> It is through Mlle. Hamilton that I came to appreciate thoroughly the urgent necessity of a transformation in the secondary personnel [the nurses] of hospitals. I am glad to offer her this recognition. To her belongs the credit of having pointed out the imperfections of reforms attempted in our country since 1882 and of having proved that it is easy to obtain, in France, results comparable to those which she holds up as examples.

The schools of the Protestant and the Tondu hospitals are, in general outlines, so alike, that they can be described together. They are both quite ideal in their atmosphere of earnest aspiration and sincerity. In refined and home-like surroundings, a sweet and cheerful spirit reigns, and the young women who present themselves are of a high order, educated, gracious, and competent. The Protestant Hospital accents the educational character of training by charging its pupils tuition fees, and by taking

day scholars who live in the city. The hours, duties, and responsibilities of the day scholars, however, are precisely the same as those of the residents, including night duty. The Tondu, being a public hospital, requires in lieu of tuition fees either a contract for two additional years' service after training, or the payment of a sum representing the cost of the pupil's living expenses in the hospital. Both schools are exceptionally admirable in the careful thoroughness of the training. In each one every department of the hospital is utilised as a practice field and the pupils pass through the housekeeping and administrative departments, learning every branch of hospital management by actual doing. Each has a trained housekeeper or "Économe" whose position is equal to that of the head-nurses, and part of her duty is to give the pupils a practical service in buying, accounting, and general management, including dietaries. Dr. Hamilton is what we call superintendent of the hospital, responsible to the trustees, and is the only resident medical officer. Miss Elston's position is like that of the English Matron. She is the chief resident officer, directing the whole housekeeping and general internal management of the hospital as well as being principal of the training school, but certain parts of hospital administration on the business side are carried on by non-resident officials, the secretary, comptroller, and économe, with whom she is expected to co-operate, as also of course, with the medical staff. The head-nurses are called *cheftaines;* the directress of nurses at the Protestant the *Cheftaine Générale.* The word is Old French, and was discovered by Dr. Hamilton in ancient documents. It had been quite

forgotten, and when she revived it, it drew forth quite a little indignation, as it was supposed to be an English title. There are a certain number of permanent nurses, and the pupils' course covers two years. No private duty for under-graduates is allowed. The uniform is very attractive: a clear blue linen, with full white shoulder-strapped aprons, cap, and white collar and cuffs. Graduates wear a blue and white brassard with the device of the school. Nurses are not permitted to go out in their linen dresses, but a neat and pretty street uniform is optional.

The hospital routine gives the pupils eight hours of day and twelve of night duty, the latter being arranged in periods of two weeks at a time. The day duty, beginning at 7.30 in the morning, is over by the same evening hour, and the contrast in efficiency with the mediæval system of hours as we

Lande, who lost no opportunity of throwing his strength upon strategic points, have generaled a remarkable series of invasions of large provincial hospitals, and the "Blue Nurses" of Bordeaux are doing for France the work that the "Nightingales" did for Great Britain in the early sixties and seventies. Like them they are sent preferably in groups to undertake the task of remodelling some old hospital, but Dr. Hamilton will not allow them to go at all unless the administration first agrees to give one of them the position of directress of the hospital, for, if they were simply to be put in as head-nurses or supervisors under a director accustomed to the old system, they would be powerless to effect reforms in the nursing.

In 1900, while she was still at work on her thesis, Dr. Hamilton had persuaded Mlle. Luigi of Montpellier, a clever and gracious young Frenchwoman of good family, to take the nurses' training, and she had gone to the London Hospital for four years. In 1903 the Mayor of Béziers having applied to Dr. Hamilton for a staff of nurses for the hospital of that city, she advised him to secure Mlle. Luigi and to train his own. He took her advice, Mlle. Luigi went to Béziers immediately upon her graduation, and founded a training school there under most picturesque and varied difficulties. She arrived in January, 1905, to find an extensive and rambling hospital of nearly four hundred beds, including a maternity, military wards, and contagious services. It had been laicised a year before, and the whole place was in the most dire confusion. The maternity was absolutely devoid of any equipment even of the simplest kind,

save beds and chairs. Deliveries were conducted by a dame of sixty, the patients sitting in a large arm-chair to be confined and afterwards walking to their beds. Everything else was on a par with this. Water for the smallpox patients' baths had to be carried a quarter of a mile in buckets, and in the midst of everything else military rounds and inspection, formal and brilliant, took place at a morning hour not long after the dawn. The general-in-chief, it is said, suffered a severe shock on beholding for the first time, at rounds, a Matron of twenty-four in blue linen and white cap, to whom his invalided soldiers were to be confided for care and discipline. He believed they would not obey her orders, but, needless to say, they did.

After some six years' work there, Mlle. Luigi took charge of the Hôtel-Dieu in Rheims, an even more difficult problem.

In rapid succession nurses from Bordeaux have been drafted into the municipal or provincial hospitals of Albi, Alais, Castelnau-du-Médoc, Cambrai, Elbeuf, Dijon, Lorient, Constantine, Pau, Pauillac, Tunis, St. Questin, Rueil, Issoire, and other towns. Dr. Hamilton writes:

> You would indeed be interested if you knew all the details of those hospitals where our nurses have gone to work, and every day I realise more how important is the good practical training in the wards. What most surprises the doctors (all more or less prejudiced against lady nurses) is the fact that they do for the patients so many things the nuns would object to do, and that they do not discuss and meddle with the doctor's orders.

The transition at Albi was especially dramatic, as the nuns left the hospital at twelve o'clock, while the nurses entered it an hour later. Three hundred patients here awaited Mlle. Nectoux, a serene, capable, and not easily daunted directress, who came with a group of head-nurses in the midst of an epidemic of scarlet fever and measles. They soon learned, as they said, "to lose the sleep habit" while preserving their gaiety and energy. A strong sense of social responsibility was ingrained in these fine young women. It is no light matter to be sent to substitute for the members of a nursing system that had lasted some fifteen hundred years and had, during the long centuries, stood for the pattern of self-sacrificing devotion in the eyes of the world. The new nurses felt this, and took their position seriously.

Long after they had quelled the scarlet-fever outbreak, a poster still hung on the doors of the Cathedral, protesting against the laicisation of the hospital, calling it undemocratic, and adjuring the city council to grant "social justice." Yet it would seem that to teach women their work and pay them for doing it is neither undemocratic nor unjust.

It would be impossible in one short volume to follow the nurses in all their pioneering, but a few extracts from letters will suggest their experiences.

(From a hospital of 150 beds); May, 1905:

I would like to describe the first day we spent here, but it defies description. The concierge, nurses, servants—in short, the entire personnel of the hospital entered the place for the first time. The économe was the sole member of the former staff who remained. When we

reached the hospital at five o'clock in the morning, he gave me a large box of keys heaped pell-mell with no tags to them, and I spent the day running from one place to another trying to find the right keys for the keyholes. He had no idea at all of how things had been run, as he had left everything to the Superior, and did not even know where the sugar was kept. Finally the sick received the care they needed, and fortunately all demonstration outside was, by good management, avoided. I knew that the captain of the *gendarmerie* had telegraphed for reinforcements and we were told that soldiers patrolled all the approaches to the hospital.

A Bordeaux nurse, who had been placed in charge of a male division with sixty beds in a laicised hospital, wrote in 1906:

The ward for a time had been left to the care of a young male servant, and the patients did exactly as they pleased. They smoked, morning, noon, and night, and I have seen one cooking an omelet on his bed. The young woman who for three years had been head-nurse of this ward was on terms of great familiarity with the patients, and at nine o'clock she was accustomed to seat herself with her crotcheting beside her favourite, a chronic case who was her servant, man of affairs, and confidant, and who had a whole outfit of domestic utensils in his bed. He cleaned and mended her clothes, filled her lamp, waxed her shoes, polished the instruments, broke up loaf sugar, cut and made dressings and bandages, without ever getting out of bed or washing his hands.

In another place the nurses found the main drain packed for a distance of forty feet with old shoes, pans, bottles, broomsticks, and aprons, as a protest against their coming.

Among all that have been laicised the hospital of Elbeuf has enjoyed unbroken harmony from the outset. It is a large one of 600 beds, its history running back to before 1330, and has been under the care of Ursuline nuns, first, and later of Sisters of St. Vincent de Paul. In September, 1907, a band from the Tondu went into it, and the Directrice, Mlle. Gonthier, by her tact succeeded in so harmonising all the political sections that ill-will was quickly changed to amiable co-operation. Soon after the new staff was installed the mayor of the city wrote an appreciative letter to Dr. Lande:

> You will wish to know something of the nurses; they have proved to be fully equal to their task and have uncomplainingly undertaken a crushing and uninterrupted burden of work. Dr. Hamilton sent two more to help them, but we need ten rather than six head-nurses if they are not to be badly overworked. . . . The moral and professional qualities they have displayed have surpassed my highest expectations.

It did not take long for the news to get about that new and strange theories were being put into practice in Bordeaux. A steady stream of visitors then turned thither, to investigate. Especially were surprise and curiosity awakened by the Tondu experiment, for it had been firmly believed that, while a hospital under private management might succeed in departing from old French nursing customs, this would be impossible for one under municipal rule. Yet in the Tondu was displayed to their astonished eyes a model nursing system established by the city administration.

The visitors' books at the Bordeaux schools con-
in the names of almost all the prominent men in
blic life, especially those in the administration
public charities (including hospitals) under the
epartment of the Interior. There came the Préfets
om many districts; deputations from city govern-
nts; officers of the French Medical Association
d university professors; statesmen especially inter-
ed in philanthropy and social reform, such as
rauss and Rivière; political economists, such as
abilleau; a former governor-general of the colonies
Indo-China; an inspector of charities from Algeria;
d Casimir Perier, an ex-President of the Republic.
he King of Spain stopped one time on his way home
d was taken all about by Dr. Lande. He expressed
eat pleasure at all he saw, complimented the nurses,
d took a bunch of flowers to the Queen from Mlle.

Dr. Lande Lecturing to the Tondu Nurses

Protestant Hospital Nurses Dressing the Christmas Tree

Elston, even looking into cupboards and bureau drawers, and flew away as swiftly as he had come. The War Department was on the eve of creating a staff of army nurses.

The shortcomings of army nursing were many, for, after the nuns had gone, their places were taken by orderlies. In 1907, the army medical paper *Caducée* voiced the demand for skilled nursing and has continued an energetic propaganda. In 1908, the announcement was made that a competitive examination was to be held for the admission of nurses to the army nursing staff. It took place in April, 1908, and, of 421 candidates who came forward from all parts of France to take it, three Bordeaux nurses, Mlles. Chaumont, Labadie, and Teyssière, passed first, two of whom received the first army appointments that were made. Dr. Hamilton wrote:

> Miss Elston and I went to the examination, and we were much amused to see how pleased the military doctors seemed at the good practical knowledge of our nurses. In the morning they had a written examination and in the afternoon it was oral and practical. The nurses appeared in their blue dresses and caps, which seemed to please the officers very much. They had probably never seen nurses in uniform.

After some delay and waiting for Parliament to pass an appropriation, the nurses were finally offered their choice of posts, and the twenty-nine successful ones were placed in the military hospitals on January 1, 1909. Our space forbids going into more detail on the army nursing service and the preliminary skirmishes with the Red Cross societies, whose influential

members desired to obtain the prestige of first place in military hospitals for their lady amateurs. The events as they occurred were fully and ably dealt with by *La Garde-Malade Hospitalière* for 1908, whose editorials did much to shape constructive action. The Boer War had thrown light on the relative value of amateur *versus* trained nursing methods, and a number of French physicians added their voices to the demand for well-trained nurses in the army, referring back to the warnings given by that experience. Dr. Hamilton, always on the alert to plant a timely idea, had, shortly after the war, written to the International Committee of the Red Cross at Geneva, to suggest

> That, upon the initiative of the international committee, every central (national) society of the Red Cross should be called upon to state whether, in their countries, they possessed organisations analogous to the English Army Nursing Reserve service—that is to say, of nurses of superior education who in time of peace are in daily and nightly charge of the sick, to the exclusion of all other nursing bodies, and who, in time of war, are entirely at the disposition of the military authorities. (*Bulletin International des Sociétés de la Croix-Rouge*, 1901, p. 40.)

No answer came to this letter.

At present the French army service, still in its formative stages, gives ground for criticism and admonition. It has no woman placed at the head of the nursing service, and no grading in the wards. It has decreed an ugly and insanitary uniform, and still contemplates the admission of married women, making provision for their family cares with all the

matter-of-fact forethought of the civil hospitals. But it may safely be left to the influence of time, the management of the Bordeaux nurses, Dr. Lande's advice, and Dr. Hamilton's trenchant and ready pen, to amend all defects. Miss Elston wrote in 1909:

> The position of army nurses is not well defined; they have the special care of serious cases, help the orderlies in distributing food and drugs, and attend rounds. They are under the authority of the physician in charge. The provisional rules do not mention their rank, but in the matter of rations they are treated as non-commissioned officers. They are included in the list of the staff for active service, but their duties are not defined. The army nurses have one year's probation, and at the end of this, if satisfactory, they are taken on the regular staff.

A second examination took place in September, 1909, the Tondu sending up twelve, all of whom passed among the first fifty.

In 1909 the Bordeaux nurses had a new opportunity of proving their merit. An alarming epidemic of typhoid broke out in the army garrison of Saint-Brieuc, and several of the nurses were called to give it battle. They covered themselves with glory by their mastery of the situation, and the French Government, always quick to show appreciation, gave medals to two of the nurses for their meritorious services.

In May, 1908, the first visiting nurse appeared in the Bordeaux galaxy. The money wherewith to support her had been given to Dr. Hamilton by relatives, Commandant and Mme. Pilate, in mem-

y of their only son, who had died in a military spital from a gunshot wound, and whose sufferings d been greatly increased by bad nursing. Dr. amilton wrote: "This sum, sent to 'relieve those o suffer,' came at a moment when the necessity having a nurse to visit the sick poor had made elf felt with special force at the Protestant Hospi-." The first nurse appointed was Mlle. Amory, e of the Protestant graduates, and the work has en carried on with the most signal success as an tension of the dispensary service of the hospital. om the first it has been made a combination of od nursing with that friendly care for the uplift the individuals and families which has come to known as social service, and economic and indus-al conditions have been faithfully recorded in the rse's note-book along with the nursing notes.

In January, 1913, through the persistent efforts of

as an abomination, while others accept it as a necessity,—a new word for a new thing. The journal had an editorial committee of Dr. Hamilton and five nurses, including Miss Elston, an advisory committee of Dr. Lande and Dr. Regnault, and the publishing details are assumed as a labour of love by Mme. Kriegk. It is fearlessly militant and critical, watching the whole French nursing field and bringing testimony from all over the world in support of its standards.

In Bordeaux centres a Society of Hospital Directresses from which a national nursing organisation will doubtless proceed in time.

In April, 1912, Dr. Lande was stricken down by paralysis whilst presiding at the meetings of the General Medical Association, and died two days afterwards—a blow which stunned the progressives of all lines and inflicted upon nurses an irreparable loss.

From the successful demonstration of the Nightingale system in Bordeaux, we now turn back to the great public hospitals of France, and especially those in Paris. Before the first municipal training schools had been opened in 1877, the relative numbers of the nursing staff in the Paris hospitals—2353 secular attendants to 502 religious Sisters—showed how much of the care of the sick was actually in the hands of the servants of the administration and how undeniable was its obligation to them. But for a long time hospital authorities thought more of control than of obligations. Dr. Bourneville told publicly one time, how hostile administrations had put every possible obstacle in his way; how directors

were appointed to the hospitals who were openly unfriendly, not indeed to laicisation, but to the courses of instruction or to any professional teaching; of how the professors were hampered by finding the head-nurse teachers arbitrarily changed in the middle of the term, and how they had to endure the "bitter derision" of having head-nurses given them to teach classes who had never themselves been taught. Many hospital directors openly declared the expense of the courses unnecessary and useless.[1] The rotation in service which he had always demanded he had *never* been able to obtain.

But progress in public sentiment was evident when the *Congrès Internationale d'Assistance*, meeting in Paris in 1889, after hearing from Dr. Bourneville a history of his effort to teach nurses, passed an excellent set of resolutions urging better teaching, and an improved economic, moral, and social status for them. These resolutions were sent to the Minister of the Interior. The *Conseil Supérieure de l'Assistance publique*, the national department of public charities, next took up the question. In 1898, Dr. Napias made a report to this influential body, in which he urged the creation of schools for nurses throughout France, and suggested the appointment of a special committee to prepare a programme of theoretical instruction. The committee appointed, Drs. Letulle and Faivre presented it with a programme differing little from that of the municipal schools. Their material, somewhat elaborated by

[1] Congrès Internationale d'Assistance publique et de Bienfaisance privée, Paris, 1900. *Enseignement professionel du personnel secondaire des hôpitaux*, vol. iii.–iv.

the committee, was adopted and promulgated, in 1899, as a part of the *Circular on Nursing* of M. Henri Monod, then president of the *Conseil Supérieure de l'Assistance publique.*

This weighty recommendation, coming from the highest authority in the land, committed the French Government definitely to the principle of educating its nurses; the only debatable point remaining was, what method to use. It was the year before Dr. Hamilton made her first appearance in public. There was no one to bring forward Miss Nightingale's principles. The directors had full power over the nursing staffs; the doctors knew that they wanted efficient nurses but did not understand the methods by which to attain their end. Of this, however, they were unaware, and theoretical instruction administered by brilliant men to young people of the working classes was accepted as the way to bring on a nursing millennium. The phrase "lecture courses" became a sort of magic formula. Several towns responded to the ministerial circulars by establishing or trying to establish the miracle-working courses. Quite naturally they failed of effect. In Rheims, Alger, Lille, and Aix, it was admitted that the schools of instruction had been unsatisfactory. M. Sabran introduced the courses into the hospitals of Lyon, and maintained that they were successful. The kind of nursing that prevailed was, however, not altered. In 1902 another circular was sent out by M. Combes.

But now Dr. Hamilton was at hand to urge the claims of the Nightingale system with all the trenchancy of Miss Nightingale herself. It was not a little

nnoying to prominent and weighty officials to hear his daring woman tell them that their methods were bsolete and their results failures. Her potent weapon, the pen, is a sword that is never sheathed. No misrepresentation is allowed to pass; no mis-tatement escapes her; no slipshod nursing method goes unchallenged. Keen in logic, exact in state-ment, always armed with documentary evidence, giving neither praise nor blame except as the service of truth as she sees it demands, she had many a tilt with the powers that be. The liveliest skirmish on his line took place at the Third National Congress of Public and Private Charities, at Bordeaux, in 1903. On this occasion several of the most impor-tant of hospital directors and physicians read papers upon the training of the nurse, and Dr. Anna Hamil-ton appeared to smite them hip and thigh. "After

examination only, but should recognise the practical work.

5. The nursing staff, permanent head-nurses as well as pupils, must be placed under the exclusive authority of a woman, herself a trained nurse, and endowed with the powers necessary to secure respect for the staff in her charge.

In the discussion M. Sabran said:

I share Dr. Hamilton's belief that a trained woman, a directress, should be placed over the pupils in the school; but I cannot agree that she should have any authority whatsoever outside of it; still less can I conceive of her having authority over the head-nurses in the wards, as Dr. Hamilton desires she shall have.

Dr. Felix Regnault, who is on the progressive side, wrote a lively account of this meeting to a medical journal:

. . . Shall we indeed confide our instruction to capable head-nurses and give the entire control of the pupils into the hands of a directress, a matron, as she is called in England? Never will our administrators consent to yield such powers. They are too fearful of weakening their authority. "There would be nothing left for us to do but to resign," said one, and by no means the least prominent. No, we will continue with half-way measures; we will retain the *chef du personnel* [a sort of boss or foreman of the nursing staff], the worthy representative of an administration which exercises the historic right of *cuissage* over its subordinates. . . .[1]

Finally a decisive step forward was taken. An official document says: "The regulations of the first

[1] *Le Correspondant Médical*, July 31, 1903.

of May, 1903, elaborating the details of a general reform of the nursing service [of Paris] drew a line of distinction between the nursing staff and ward maids by creating a recruiting centre destined to prepare hospital nurses."[1]

The government thus advanced in the right direction. M. Montreuil, then Director of the Salpêtrière, was sent to England to report on hospital nursing, which he did with understanding. This scholarly, old-school gentleman was deeply sympathetic with the modern nursing movement. Possessed of a rich and mellow culture, he held frankly progressive views as to the work and place of women. It was a real loss to the cause that his retirement on pension should have come just at the opening of the new era, and those nurses who were privileged to know him will not forget his kind liberality of opinion.

When M. G. Mesureur became Director-General of the Paris Department of Public Charities, he found among his predecessor's notes plans and estimates for a School for Nurses. He determined to complete it, and thereafter the improvement of the nursing service was one of his cherished objects. A kindly and tactful official, sincerely desirous of elevating the morale and technique of nursing in the hospitals, he has erected a splendid memorial of his administration in the new school and its high purpose. In the summer of 1907, the finished structure stood extensive and beautiful, built upon a plan of great dignity and seemliness, in the ample grounds of the Salpêt-

[1] *La Réforme du Personnel Hospitalière*, 1903–1909. *École des Infirmières de l' Assistance publique de Paris*, 1909. Berger-Levrault et Cie., Paris.

rière. Its noble dining halls and spacious assembly rooms, fine amphitheatre for lectures and demonstrations, large class-rooms and small quiet studies, generously planned library and museum of nursing appliances and equipment, are like those of a college, setting it in the forefront of nursing schools, while provision was made for single bedrooms and every possible comfort for 150 pupil nurses, and for a Directress, the Principal of the school. Here is the outfit for a revolution.

To realise how vast is the task before this school, let us, before its first pupils enter, turn to look at the hospital system of Paris. It comprises general and special acute hospitals, almshouses with beds for chronics, special hospitals for children, insane, and epileptics, contagious cases, and obstetrics. Completing the whole is a chain of convalescent homes, beautiful and well-managed, and providing enough beds for all the free patients of Paris, men, women, and children, who are transferred there from the hospitals before being finally given over to "follow-up care" in their homes or in the hands of charitable societies. In all, there are some sixty or more institutions, with, roughly estimated, about 30,000 beds and a staff of some 8000 nurses and attendants, all controlled by the Department of Public Charities.

The administration is highly centralised, and in economy and uniformity has many admirable features, especially in housekeeping and bookkeeping. Purchasing is uniform, and vast central storehouses receive and distribute supplies. But there are lines where this centralisation is too rigid. It is almost impossible to do anything in a new way, and initia-

ive is suppressed. Strangely enough, however, the ursing remains outside of this orderly plan. There s no nursing department; above and over all the urses is no one woman. Within the hospitals, many f which receive one and two thousand patients, here is no woman superintendent. All supervising nd head-nurses are directly responsible to the hospi- al director, who delegates the oversight of details o a male official called the chief of nurses. The ncoming nurses, who cannot be called probationers, s they are engaged on a different basis, are selected, ssigned to duty, disciplined, dismissed, or retained y men. Besides the grievances of which we have eard, there is another which even Dr. Bourneville verlooked—they are badly overworked. The wards re understaffed. Where English hospitals would ave a head-nurse with six assistants, the Paris wards ave two, or at most three, women to do everything.

the hospital has been laicised or not; he is considered as a non-human being absolutely subject to the needs of the medical students and at the mercy of the attendants; an indecency reigns there to which, because it is constant, all become finally oblivious except the patients, who, constantly changing as they are, are painfully surprised at the way they are treated. Is it necessary to have more money in order to remedy these things? Not at all . . . to introduce truly competent women into hospital wards not only banishes all immorality, but contributes to the prosperity of the hospital, as the English examples show clearly . . . such women, distinguished and essentially professional, are placed between the patients and the physicians; they surround the one with their constant solicitude and their moral protection; they give the others their intelligent help and often facilitate their difficult tasks.[1]

The most delicate and difficult problem of all lies in the unprotected state of the nurses, whose equipment of character is not always equal to self-defence. "The nursing staff is our harem"; said a young interne frankly one time, and in the novel written in 1907 by M. Bru, the Director of Saint Antoine, one of the largest hospitals, called *The Romance of a Hospital Nurse*, the cold-blooded attitude of the young medico is taken for granted in the bald realism of the sordid tale. It is not evident that the literary director intended pressing any moral, nor does it appear that he is conscious of having brought a damning indictment against the unhindered rule of men over uneducated and undeveloped girls, never-

[1] *Dans nos Hôpitaux.* By Dr. Anna Hamilton, in *Le Signal*, August 16, 1907.

theless his book is the strongest argument yet put forward for the need of Matrons in hospitals.

Into this uncongenial environment comes the new school for nurses. In October, 1907, the first probationers entered its doors. One must wonder that Dr. Hamilton, Miss Elston, and their capable graduates were ignored in the organisation of this school, and yet, in the atmosphere of the Paris hospitals one may gather suggestions why this was so. They would insist on changes too radical. The lady first placed in charge as Principal, though of superior ability and character, was not a nurse, but held the diploma of a trained midwife. She had no representatives in the wards where her pupils went daily for their practice in nursing, nor could she herself follow them about the hospitals. When the two years' training was over and the certificated nurses left the school, they were placed in vacancies wherever such occurred, and it was made plain that the internal arrangements of wards was not to be altered—the old system was to be tried with a new type of nurse.[1] But so great a change as remaking the nursing of Paris must come slowly; when complete it will be tremendous. There will needs be a vast department of nursing, with the Principal of the School for Nurses at its head; in each hospital a trained Directress, and in the wards head-nurses, the most able

[1] The first report of the school (*La Reforme du Personnel Hospitalière*, 1903–1909. *École des Infirmières de l'Assistance publique de Paris*. Berger-Levrault et Cie., Paris, 1909) gives a detailed description of the school, the plans adopted in the internal organisation, the reasons for every step taken, and the point of view of the administration in shaping the whole.

The School for Nurses of the Assistance Publique of Paris

Practical Demonstrations with Mannikin and Bed Patient

graduates from the school. The Paris hospitals aim at keeping a permanent staff, so the seniors or staff nurses must also be chosen from those who have finished their course in the school. Under them will be trained the probationers, so that the same high level shall be maintained throughout.

At the London Congress in 1909 the nurses of other nations had the pleasure of meeting a group of the pupils of the city of Paris, who were passing their interneship at St. Bartholomew's, and whose bright young faces, animated ways, and boundless enthusiasm won all hearts.[1]

One other foundation for training has been laid in Paris, also on private lines; a school whose inception came from Mme. Taine in 1904. It is established in a beautiful old convent and is directed with much ability by Mlle. Chaptal, a woman whose great value as a citizen in many branches of social-reform work has made her widely known and respected. For a number of years this school, situated in the Rue Vercingétorix, sent its pupils into the wards of the public hospitals under the care of "monitresses." Mlle. Chaptal, who had worked in a voluntary way in hospitals, knew well the importance of practical work, and from the beginning hers has been a serious experiment. After six years she is rewarded by the building of a private hospital of eighty beds in which her pupils will for the future be taught. Her school maintains a private duty home on the co-operative

[1] An interesting experiment with public school nursing was carried on for a time in 1908–9 by the pupils of the Paris training school, but as they were undergraduates we have considered the Bordeaux work as more definitive.

n, and she is able to select probationers of a highly irable class.

Our chapter began with the tragedy of the Augus- ans; but a renewal of life has come to the ancient er. In one of the most beautiful of the Paris pitals, the Boucicaut, the terms of a philanthro- t's endowment required that the Sisters of the tel-Dieu should be placed in charge of the wards, l though the hospital remains under the *Assistance blique* the administration accepted the gift with s condition. The Sisters' hospital history is refore not ended, and they have an opportunity modernise their methods. It is of interest, too, to that in the hospital of the Pasteur Institute nuns e been placed by similar request, for this hospital olely governed by its own trustees. The order ced in charge was a branch of the Irish Sisters of rcy. The Sisters do all the nursing, having no

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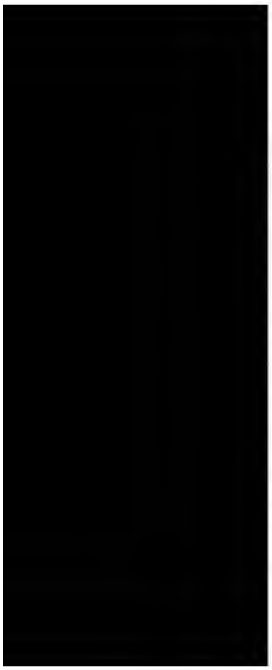

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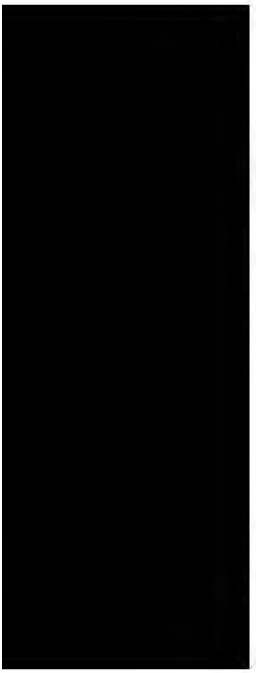

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